

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

ADDRESS (number and street)

320 FIRST STREET SE

Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00075820

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report(Q1)July 15  
Quarterly Report(Q2)October 15  
Quarterly Report(Q3)January 31  
Quarterly Report(YE)July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

1 2

0 1

2 0 0 9

through

1 2

3 1

2 0 0 9

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Keith A. Davis

Signature of Treasurer

Electronically Filed by Keith A. Davis

Date

0 3

2 5

2 0 1 0

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3XA**

Transaction ID :

All payments reported on Line 21b are operating and administrative payments solely benefiting and on behalf of the National Republican Congressional Committee. As such, they are not made on behalf of any specifically identified federal candidates, nor do they constitute public communications or voter drive activity containing express advocacy. Therefore, these disbursements are correctly reported on Schedule B for Line 21b, and do not require a Schedule B, Schedule E, or Schedule F for lines 23, 24 or 25. The Committee has reviewed all reimbursements to individuals for travel and subsistence and confirms that no further itemization is required under any Commission regulations for these expenditures.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 1281

Write or Type Committee Name

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		857845.78
(b) Cash on Hand at Beginning of Reporting Period .....	4347955.56	
(c) Total Receipts (from Line 19) .....	3214158.91	36189753.63
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	7562114.47	37047599.41
7. Total Disbursements (from Line 31) .....	4887837.05	34373321.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2674277.42	2674277.42
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
1	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
1	2	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) .....	1259183.00	11995766.46
(ii) Unitemized .....	1246303.04	11940492.79
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	2505486.04	23936259.25
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	611118.82	9412825.62
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	3116604.86	33349084.87
12. Transfers From Affiliated/Other Party Committees .....	57236.16	2472836.57
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	40317.89	318890.79
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	1175.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	47766.40
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	3214158.91	36189753.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3214158.91	36189753.63



## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2867832.05	25169350.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	2867832.05	25169350.16
22. Transfers to Affiliated/Other Party Committees.....	15000.00	748413.76
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	4030.00	56321.25
24. Independent Expenditure (use Schedule E) .....	0.00	1715085.21
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	63630.08
26. Loan Repayments Made.....	2000000.00	6500000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees .....	975.00	71009.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	975.00	71009.00
29. Other Disbursements.....	0.00	49512.53
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4887837.05	34373321.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4887837.05	34373321.99

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	3116604.86	33349084.87
34. Total Contribution Refunds (from Line 28(d)) .....	975.00	71009.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3115629.86	33278075.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2867832.05	25169350.16
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	40317.89	318890.79
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2827514.16	24850459.37

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 7 / 1281

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Transaction ID: SCHEDC\_1

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
WACHOVIA

Election:

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address 1753 PINNACLE DRIVE

City MCLEAN

State VA

ZIP Code

22102

Original Amount of Loan

6000000.00

Cumulative Payment To Date

6000000.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 0D D  
2 3Y Y Y Y  
2 0 0 8

12/31/09

0.0000

% (apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

0.00

**TOTALS** This Period (last page in this line only) ▶

0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# **SCHEDULE C-1 (FEC Form 3X)** **LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
 Information found on  
 Page 8 / 1281 of Schedule C

Name of Committee (in Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">C00075820</div>	
Back Ref ID: SCHEDC 1			
<b>LENDING INSTITUTION (LENDER)</b> Full Name WACHOVIA	Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: center;">8000000.00</div>	Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; text-align: center;">0.0000</div> %	
Mailing Address 1753 PINNACLE DRIVE	Date Incurred or Established <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2008</div> </div>		
City MCLEAN	State VA	Zip Code 22102	Date Due <div style="border: 1px solid black; padding: 2px;">12/31/2009</div>
A. Has loan been restructured? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, date originally incurred : <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2008</div> </div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div>		Total Outstanding balance : <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div>	
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Sch. C)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: <u>DEPOSIT ACCOUNTS, DONOR LIST</u>		What is the value of this collateral? <div style="border: 1px solid black; padding: 2px; text-align: center;">8000000.00</div>	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes What is the estimated value? <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div>	
A depository account must be established pursuant to 11 CFR 100.82 and 100.142. Date account established: <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">02</div> <div style="border: 1px solid black; padding: 2px;">2008</div> </div>		Location of account WACHOVIA Address: 1753 PINNACLE DRIVE City, State, Zip: MCLEAN VA 22102	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. <b>MEMO NOTE ON INTEREST: INTEREST RATE IS LIBOR + 1.995%. SOFTWARE DOES NOT SUPPORT TEXT IN THE FIELD</b>			
G. COMMITTEE TREASURER Typed Name KEITH A. DAVIS Signature _____		DATE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2009</div> </div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name KIMBERLY P. ARMSTRONG Signature _____		DATE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2009</div> </div>	
Title SR VICE-PRESIDENT			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. AHMAD ABDULLAH, JR.

Mailing Address 727 JUNIPER STREET NE  
APARTMENT 305

City State Zip Code  
ATLANTA GA 30308-1350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PYRAMID PLUS INC

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210748

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JACK S. D. ABRAHAM

Mailing Address 8702 PALERMO ST

City State Zip Code  
HOLLIS NY 11423-1222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRECIOUS GEM RESOURCES,  
INC

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240167

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DORIS A. ABRAMS

Mailing Address 12531 W. ASHWOOD DR.

City State Zip Code  
SUN CITY WEST AZ 85375-4637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243091

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

285.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. LAWRENCE ABRAMS

Mailing Address PO BOX 5779

City

ENGLEWOOD

State

NJ

Zip Code

07631-5779

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217134

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT ABRAMS

Mailing Address 702 E. 3RD STREET

City

PAPILLION

State

NE

Zip Code

68046-2314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PFIZER

Occupation  
VALIDATION TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239231

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH ABRUZZO

Mailing Address 59 GLOUCESTER ROAD

City

SUMMIT

State

NJ

Zip Code

07901-3022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JP MORGAN CHASE BANK NA

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13213505

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CLAIRE W. ABTS

Mailing Address 1657 HUNTINGTON DR APT D125

City

DUARTE

State

CA

Zip Code

91010-2505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240615

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. PATRICK ABUZENI

Mailing Address 248 PALERMO AVE

City

CORAL GABLES

State

FL

Zip Code

33134-6606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204844

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOSEPH M. ACCURSO

Mailing Address 2801 7TH AVE., SW

City

AUSTIN

State

MN

Zip Code

55912-5522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
RADIOLOGY - DIAGNOSTIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218553

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 12 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ROY L. ADAIR

Mailing Address 4440 W 95TH ST  
SUITE 442 SOUTH

City State Zip Code  
OAK LAWN IL 60453-2600

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13220964

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES L. ADAMS

Mailing Address 146 SCOTTSBOROUGH COURT

City State Zip Code  
BOWLING GREEN KY 42103-9763

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230974

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES L. ADAMS

Mailing Address 146 SCOTTSBOROUGH COURT

City State Zip Code  
BOWLING GREEN KY 42103-9763

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244881

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FRANKLIN H. ADAMS

Mailing Address 128 GOVERNORS RD

City

PONTE VEDRA BEACH

State

FL

Zip Code

32082-3948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13232713

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LARRY ADAMS, JR.

Mailing Address 785 VIA LOMBARDY

City

WINTER PARK

State

FL

Zip Code

32789-1526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACI INC.

Occupation

ARCHITECT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13207306

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WAYNE ADAMS

Mailing Address 5700 OVERTON DRIVE

City

ALLEN

State

TX

Zip Code

75002-5430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205823

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM A. ADAMS

Mailing Address 8306 JORDAN VALLEY WAY

City

FREDERICK

State

MD

Zip Code

21702-5800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233726

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM K. ADAMS

Mailing Address BADAMS@CROWNSCREW.COM

City

GREENWOOD

State

IN

Zip Code

46143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CROWN SCREW & BOLT

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13232189

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EMERSON E. ADDINGTON

Mailing Address 29813 N. DALTON ROAD

City

DEER PARK

State

WA

Zip Code

99006-9729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215826

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

685.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EMERSON E. ADDINGTON

Mailing Address 29813 N. DALTON ROAD

City

DEER PARK

State

WA

Zip Code

99006-9729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217056

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD L. ADEE

Mailing Address P.O. BOX 368

City

BRUCE

State

SD

Zip Code

57220-0368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

BOOKKEEPER

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214427

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

HON. ROBERT ADERHOLT

Mailing Address P.O. BOX 1158

City

HALEYVILLE

State

AL

Zip Code

35565-1158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED STATES CONGRESS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

REPUBLICAN REPRESENTATIVE

Aggregate Year-to-Date ▼

2120.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13209391

Amount of Each Receipt this Period

2120.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2580.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MISS RUTH F. ADKINS

Mailing Address 5620 GREENLICK RD

City

CORYDON

State

KY

Zip Code

42406-9742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13221977

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ELAINE AGATHER

Mailing Address 2200 ROSS AVENUE  
10TH FLOOR

City

DALLAS

State

TX

Zip Code

75201-2744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JP MORGAN CHASE

Occupation  
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13232209

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MISS RUTH AGRUSA

Mailing Address 3433 N HACKETT AVE

City

MILWAUKEE

State

WI

Zip Code

53211-2946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MILWAUKEE SCHOOLS

Occupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243511

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. NORMAN AHL

Mailing Address 630 N ALVERNON WAY  
STE 260

City

TUCSON

State

AZ

Zip Code

85711-1896

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13225098

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ALI AHMADINEJAD

Mailing Address 1501 LANSLOWNE AVE SUITE 207

City

DARBY

State

PA

Zip Code

19023-1333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13212965

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ELMER H. AHRENS

Mailing Address 3551 ZENNER AHRENS RD

City

KERRVILLE

State

TX

Zip Code

78028-1633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13247336

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

450.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. AHRENS

Mailing Address 250 OCEAN RD.  
APARTMENT 1D

City State Zip Code  
VERO BEACH FL 32963-3281

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228388

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. AHRENS

Mailing Address 250 OCEAN RD.  
APARTMENT 1D

City State Zip Code  
VERO BEACH FL 32963-3281

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240887

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. AINLEY

Mailing Address 6020 MELVIN AVE

City State Zip Code  
TARZANA CA 91356-1024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
A & M MANAGEMENT CO.LLC

Occupation  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13243566

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH AKERMAN

Mailing Address 418 ALBION AVE

City

WOODSIDE

State

CA

Zip Code

94062-3604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13205239

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. VAROOSH ALAVERDIAN

Mailing Address 9400 EAST ROSECRANS 4300

City

BELLFLOWER

State

CA

Zip Code

90706-2246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHERN CALIFORNIA PERMA-  
NENTE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230723

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. A. EDWARD ALBERT

Mailing Address P.O. BOX 639

City

GATES MILLS

State

OH

Zip Code

44040-0639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225828

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

570.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. CARL E. ALBERTSON

Mailing Address P.O. BOX 1186

City

FAIRHOPE

State

AL

Zip Code

36533-1186

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: SA11.13210513

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ELTON D. ALDRED

Mailing Address 2214 PARKLAND DR

City

FORT WAYNE

State

IN

Zip Code

46825-3931

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	9

Transaction ID: SA11.13226613

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD O. ALDRIDGE

Mailing Address 505 CORNHUSKER RD, PMB 168

City

BELLEVUE

State

NE

Zip Code

68005-7913

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	9

Transaction ID: SA11.13247368

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

610.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ANN PENDLETON ALEXANDER

Mailing Address 2644 ATOKA RD

City

MARSHALL

State

VA

Zip Code

20115-3531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ESTATE MANAGEMENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207706

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ANN PENDLETON ALEXANDER

Mailing Address 2644 ATOKA RD

City

MARSHALL

State

VA

Zip Code

20115-3531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ESTATE MANAGEMENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225876

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CARMON H. ALEXANDER

Mailing Address 605 COUNTY ROAD 195

City

JONESBORO

State

TX

Zip Code

76538-1201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235649

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. MASOOD ALI

Mailing Address 4930 N EXECUTIVE DR

City

PEORIA

State

IL

Zip Code

61614-4894

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GLEN AVENUE FAMILY PRACTI-  
CEOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216861

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. DENYSE ALLEN

Mailing Address 212 E GRANT ST

City

LEBANON

State

PA

Zip Code

17042-5539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DENISE ALLEN MDOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	9

Transaction ID: SA11.13206335

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

TRAVIS A. ALLISON

Mailing Address 17280 CR 136

City

TYLER

State

TX

Zip Code

75703-7712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Transaction ID: SA11.13230876

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EUGENE R. ALLSPACH

Mailing Address 4654 SPRUCE ST

City

BELLAIRE

State

TX

Zip Code

77401-3608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236379

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EUGENE R. ALLSPACH

Mailing Address 4654 SPRUCE ST

City

BELLAIRE

State

TX

Zip Code

77401-3608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 5 / 2 0 0 9

Transaction ID: SA11.13247177

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. NANCY ALPAUGH

Mailing Address 332 CHAMPIONS COLONY III

City

HOUSTON

State

TX

Zip Code

77069-1857

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202901

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DAVE ALTMAN

Mailing Address 296 DOCTORS DR

City

JACKSONVILLE

State

NC

Zip Code

28546-6320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13224998

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SCOTIA ALVES

Mailing Address 3283 CALLE DE DEBESA

City

CAMARILLO

State

CA

Zip Code

93010-8337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2760.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13226732

Amount of Each Receipt this Period

600.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GREGORY M. AMBROSANO

Mailing Address 25 N. OAKLAND AVENUE

City

RUNNEMEDE

State

NJ

Zip Code

08078-1639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205809

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARY JO AMBROSIANI

Mailing Address 1075 W. ODEN BAY ROAD

City

SANDPOINT

State

ID

Zip Code

83864-6496

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229547

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARIE C. AMEDEE

Mailing Address 171 MAJESTIC OAKS DRIVE

City

BELLE CHASSE

State

LA

Zip Code

70037-2302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RIVER RENTAL TOOLS INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

VICE PRESIDENT

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13247365

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALLEN E. AMICK

Mailing Address 2912 S SEMORAN BLVD APT 5

City

ORLANDO

State

FL

Zip Code

32822-1602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228614

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

640.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALLEN E. AMICK

Mailing Address 2912 S SEMORAN BLVD APT 5

City

ORLANDO

State

FL

Zip Code

32822-1602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240680

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BEVERLY ANDERSON

Mailing Address 5787 ARBOGA ROAD

City

OLIVEHURST

State

CA

Zip Code

95961-6771

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233135

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DANA K. ANDERSON

Mailing Address 401 WILSHIRE BLVD.  
SUITE 700

City

SANTA MONICA

State

CA

Zip Code

90401-1452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE MALERICH COMPANY

Occupation  
VICE CHAIRMAN OF THE BOARD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233302

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD A. ANDERSON

Mailing Address 10350 IMPERIAL POINT DRIVE W  
APARTMENT 2

City State Zip Code  
LARGO FL 33774-4928

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225859

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY M. ANDERSON

Mailing Address 1055 W. JOPPA ROAD  
UNIT 309

City State Zip Code  
TOWSON MD 21204-3769

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13212908

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HENRY F. ANDERSON

Mailing Address 8920 CRESWELL ROAD

City State Zip Code  
SHREVEPORT LA 71106-6216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ANDERSON OIL & GAS

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13250474

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2125.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAMES ANDERSON

Mailing Address 4721 CHAMBLEE DUNWOODY RD  
STE 301

City ATLANTA State GA Zip Code 30338-6000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13212724

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN RICHARD ANDERSON

Mailing Address P.O. BOX 136

City GAIL State TX Zip Code 79738-0136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216827

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN M. ANDERSEN

Mailing Address 952 I. AVENUE

City CORONADO State CA Zip Code 92118-2450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226143

Amount of Each Receipt this Period

350.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

950.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. KENNETH ANDERSON

Mailing Address 1085 HARTS BLUFF RD

City

WADMALAW ISLAND

State

SC

Zip Code

29487-6818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	9

Transaction ID: SA11.13206339

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. KENNETH ANDERSON

Mailing Address 1085 HARTS BLUFF RD

City

WADMALAW ISLAND

State

SC

Zip Code

29487-6818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11.13246990

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. NED S. ANDERSON

Mailing Address 1096 SWEETBRIAR PLACE

City

GALESBURG

State

IL

Zip Code

61401-2355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANDERSON DISTRIBUTING

Occupation

SALES REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Transaction ID: SA11.13226886

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

340.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. PETER ANDERSON

Mailing Address 10852 WARWICK BLVD

City

NEWPORT NEWS

State

VA

Zip Code

23601-3741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WARWICK CENTER

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13217190

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MGY SGT. ROBERT ANDERSON

Mailing Address 2040 HILLMAN CIRCLE

City

ORANGE

State

CA

Zip Code

92867-6201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	9

Transaction ID: SA11.13242904

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ROBIN N. ANDERSON

Mailing Address 2017 PLEASURE HOUSE RD

City

VIRGINIA BEACH

State

VA

Zip Code

23455-2709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	9

Transaction ID: SA11.13204788

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

640.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. ANDERSON

Mailing Address 402 67TH AVE N

City

MYRTLE BEACH

State

SC

Zip Code

29572-3355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224271

Amount of Each Receipt this Period

140.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. EDITH E. ANDRADE

Mailing Address 18840 N BAY RD

City

MIAMI

State

FL

Zip Code

33160-2430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13147119

Amount of Each Receipt this Period

-250.00

CONTRIBUTION

CHARGED BACK

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL ANEST

Mailing Address 31366 N. HWY. 45

City

LIBERTYVILLE

State

IL

Zip Code

60048-9444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STATE OIL COMPANY

Occupation  
GASOLINE DISTRIBUTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243128

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SALLY ANFINSEN

Mailing Address 16016 NW 78TH AVE

City

ALACHUA

State

FL

Zip Code

32615-7605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13243744

Amount of Each Receipt this Period

165.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALFRED R. ANGELINO

Mailing Address 2430 DUNLAP AVENUE

City

GILROY

State

CA

Zip Code

95020-8015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

FARMER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13209041

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALFRED R. ANGELINO

Mailing Address 2430 DUNLAP AVENUE

City

GILROY

State

CA

Zip Code

95020-8015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

FARMER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219286

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

315.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. R. DAN ANGELL

Mailing Address 465 LANTANA STREET

City

NIPOMO

State

CA

Zip Code

93444-9201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239819

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES R. ANGERT

Mailing Address 1111 S LAKEMONT AVE APT 637

City

WINTER PARK

State

FL

Zip Code

32792-5475

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13234742

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRED ANGLE

Mailing Address 39 THE WOODLANDS

City

GLADSTONE

State

MO

Zip Code

64119-1864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217616

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. SALEEM J. ANTOON

Mailing Address 1076 EDGEWOOD RD

City

NEW KENSINGTON

State

PA

Zip Code

15068-5312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13225102

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. RAJEEV ANUGA

Mailing Address 1825 LOGAN AVE

City

WATERLOO

State

IA

Zip Code

50703-1916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CEDAR VALLEY MEDICAL SPEC-  
IALISTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217248

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. SYED ANWAR

Mailing Address 3570 COLLEGE ST APT 100

City

BEAUMONT

State

TX

Zip Code

77701-4679

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHEAST TEXAS MEDICAL  
ASSOCIATES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217022

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHRIS ANZALONE

Mailing Address 7675 MUNICIPAL DRIVE

City

ORLANDO

State

FL

Zip Code

32819-8930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13212729

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES D. APPLEQUIST

Mailing Address 8312 CREEKSIDE CIR

City

MINNEAPOLIS

State

MN

Zip Code

55437-3838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13212276

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARTHA K. APPLEBY

Mailing Address 105 FORT LYTTLETON RD

City

BEAUFORT

State

SC

Zip Code

29902-6101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214433

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2220.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. LUIS F. ARDON

Mailing Address 151 N. DARBY DRIVE

City

ECLECTIC

State

AL

Zip Code

36024-3205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222704

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RAMON H. ARIAS

Mailing Address P.O. BOX 565066

City

MIAMI

State

FL

Zip Code

33256-5066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTER. AMERICAN MGT CONSU-  
LTANT

Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205755

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RAMON H. ARIAS

Mailing Address P.O. BOX 565066

City

MIAMI

State

FL

Zip Code

33256-5066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTER. AMERICAN MGT CONSU-  
LTANT

Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230059

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN ARMACOST

Mailing Address 5 RUNNYMEDE DR.

City

NORTH HAMPTON

State

NH

Zip Code

03862-2328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236898

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

HORACE ARMANN

Mailing Address 7 TAXI DR

City

SHERIDAN

State

WY

Zip Code

82801-9334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BAKER ENERGY

Occupation  
PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204879

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM ARMSTRONG

Mailing Address 24939 RIDGE RD

City

DAMASCUS

State

MD

Zip Code

20872-1824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MACKINTOSH INC REALTORS

Occupation  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206696

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. ARNAUD

Mailing Address 58410 LINDSAY LN

City

WARREN

State

OR

Zip Code

97053-9303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13221120

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CRAIG F. ARNOLD

Mailing Address 5509 PLEASANT AVE

City

MINNEAPOLIS

State

MN

Zip Code

55419-1848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235465

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. CRAIG ARONCHICK

Mailing Address 230 W WASHINGTON SQ 4TH FL

City

PHILADELPHIA

State

PA

Zip Code

19106-3500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHGI ASSOCIATES

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13226711

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

635.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JACK C. ARTHUR

Mailing Address 1601 S AUSTIN ST

City

AMARILLO

State

TX

Zip Code

79102-2405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223630

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID H. ASBURY

Mailing Address 4433 JETT RD.

City

ATLANTA

State

GA

Zip Code

30327-3563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHWESTERN BENEFIT CORP.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13212787

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID H. ASBURY

Mailing Address 4433 JETT RD.

City

ATLANTA

State

GA

Zip Code

30327-3563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHWESTERN BENEFIT CORP.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 9

Transaction ID: SA11.13247182

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID H. ASBURY

Mailing Address 4433 JETT RD.

City

ATLANTA

State

GA

Zip Code

30327-3563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTHWESTERN BENEFIT CORP.

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13247508

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. RONALD L. ASHER

Mailing Address P.O. BOX 250

City

NORTH PLATTE

State

NE

Zip Code

69103-0250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210520

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LYLE ASHLEY

Mailing Address 7270 TEASWOOD DR

City

CONROE

State

TX

Zip Code

77304-5402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13234724

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ARLYN ASKEW

Mailing Address 2492 S ORCHARD VIEW DR

City

GREEN VALLEY

State

AZ

Zip Code

85614-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216435

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RONNIE L. ASTON

Mailing Address 3909 101ST ST

City

LUBBOCK

State

TX

Zip Code

79423-5726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13234374

Amount of Each Receipt this Period

310.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN E. ATKINS

Mailing Address 333 TEXAS STREET  
SUITE 2300

City

SHREVEPORT

State

LA

Zip Code

71101-3680

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATCO INVESTMENT COMPANY

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13250470

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2870.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. VIRGINIA C. ATKINSON

Mailing Address 1 BALDWIN AVE APT 411

City

SAN MATEO

State

CA

Zip Code

94401-3848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13213794

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. ATKINS, JR.

Mailing Address 333 TEXAS STREET  
SUITE 2300

City

SHREVEPORT

State

LA

Zip Code

71101-3680

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATCO INVESTMENTS

Occupation  
INVESTOR GROUP WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13231834

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. ATKINS, JR.

Mailing Address 333 TEXAS STREET  
SUITE 2300

City

SHREVEPORT

State

LA

Zip Code

71101-3680

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATCO INVESTMENTS

Occupation  
INVESTOR GROUP WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13250457

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3010.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. ATKINS, JR.

Mailing Address 333 TEXAS STREET  
SUITE 2300

City State Zip Code  
SHREVEPORT LA 71101-3680

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ATCO INVESTMENTS

Occupation  
INVESTOR GROUP WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13250471

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRUCE AUSTIC

Mailing Address 8938 STATE ROUTE 96

City State Zip Code  
INTERLAKEN NY 14847-9615

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223579

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. FRANCES K. AUSTRIA

Mailing Address 9 PIKAKE PLACE

City State Zip Code  
HILO HI 96720-1738

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210792

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2780.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT AUTREY

Mailing Address 5511 E OCEAN BLVD

City

LONG BEACH

State

CA

Zip Code

90803-4440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LBBMW

Occupation

AUTO DEALER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230787

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN AUTRY

Mailing Address 125 QUAY ST

City

ALEXANDRIA

State

VA

Zip Code

22314-2608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JSA INC

Occupation

BUSINESS EXEC.

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215447

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS ELVA AVARA

Mailing Address 817 SPANISH AVE

City

PASCAGOULA

State

MS

Zip Code

39567-1630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13206993

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN Q. AVEN

Mailing Address P.O. BOX 481

City

CALHOUN CITY

State

MS

Zip Code

38916-0481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243131

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. GERTRUDE D. AVERETT

Mailing Address 5021 MORIAH RD

City

ROUGEMONT

State

NC

Zip Code

27572-8344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214507

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALLEN A. AVERY

Mailing Address 1718 LOS PRADOS TRAIL

City

ARLINGTON

State

TX

Zip Code

76006-6512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AV-TECH INDUSTRIES, INC.

Occupation  
PRESIDENT / OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13212788

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DANIEL M. AVERY

Mailing Address 850 5TH AVE E #5

City

TUSCALOOSA

State

AL

Zip Code

35401-7419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.1322528

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. AVERY

Mailing Address 417 GWYNEDD VALLEY ROAD

City

GWYNEDD VALLEY

State

PA

Zip Code

19437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226318

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WILFRED A. AVILES, M.D.

Mailing Address 1313 E 6TH ST

City

WESLACO

State

TX

Zip Code

78596-6601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13237277

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HOWARD L. AXTELL

Mailing Address 48 ELK DR  
UNIT 10

City State Zip Code  
GREAT FALLS MT 59404-6424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13247009

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CPT ROBERT R. AYERS

Mailing Address 1300 FAIRWAY VILLAGE DRIVE

City State Zip Code  
ORANGE PARK FL 32003-8398

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209514

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARIA R. AYULO

Mailing Address 1031 LYNN DRIVE

City State Zip Code  
WAYCROSS GA 31503-8539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207025

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. HARDAM S. AZAD

Mailing Address 110 CARNARVON DRIVE

City

HOUSTON

State

TX

Zip Code

77024-7002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244359

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. BACHELDER

Mailing Address 1647 HEIDELBERG DRIVE

City

LIVERMORE

State

CA

Zip Code

94550-6108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219236

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. CARL R. BACKES

Mailing Address 4766 W BROAD ST

City

COLUMBUS

State

OH

Zip Code

43228-1613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHILDRENS HOSPITALOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217357

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

650.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SUSAN BAGATTA

Mailing Address 30 WOODLAND LN

City

SMITHTOWN

State

NY

Zip Code

11787-4064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BAGATTA ASSOCIATES, INC.

Occupation

CUSTOMER SERVICE REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219912

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JERRY BAGEL

Mailing Address 6 SLEEPY HOLLOW LN

City

PRINCETON JUNCTION

State

NJ

Zip Code

08550-2159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WINDSOR DERMATOLOGY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216802

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DEBRA L. BAGGOTT

Mailing Address 6660 NW HICKORY DR

City

PARKVILLE

State

MO

Zip Code

64152-8719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

NURSE ANESTHETIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13225012

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN L. BAILEY

Mailing Address 21580 COUNTY ROAD E34

City

ANAMOSA

State

IA

Zip Code

52205-7848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13214793

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HENRY BAIN, JR.

Mailing Address 7073 SAN PEDRO AVE

City

SAN ANTONIO

State

TX

Zip Code

78216-6209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BAIN MEDINA BAIN

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229455

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HENRY BAIN, JR.

Mailing Address 7073 SAN PEDRO AVE

City

SAN ANTONIO

State

TX

Zip Code

78216-6209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BAIN MEDINA BAIN

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236399

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JANET BAINES

Mailing Address 360 INDIAN HARBOR RD

City

VERO BEACH

State

FL

Zip Code

32963-3509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224460

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY L. BAIRD

Mailing Address 2913 VIA CARRIO

City

CARLSBAD

State

CA

Zip Code

92010-8341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225809

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BUFORD D. BAKER

Mailing Address 5165 MEADOW CREEK DR

City

CUMMING

State

GA

Zip Code

30028-8529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245645

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CAROL BAKER

Mailing Address 1875 BUSINESS CENTER DR

City

SAN BERNARDINO

State

CA

Zip Code

92408-3416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INTERIOR DESIGNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241009

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CECIL J. BAKER

Mailing Address 10333 SCHNAPF LN

City

NEWBURGH

State

IN

Zip Code

47630-9414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13223068

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN BAKER

Mailing Address 15 WYANDANCH BLVD

City

SMITHTOWN

State

NY

Zip Code

11787-3918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COSENTINO BROTHERS

Occupation

CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204817

Amount of Each Receipt this Period

155.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

505.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RODERICK F. BAKER

Mailing Address 13265 LAKEPOINT DR

City

PLAINFIELD

State

IL

Zip Code

60585-7923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13238437

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CHARLES BAKES

Mailing Address 400 NORTH FLAGLER UNIT PHB1

City

WEST PALMBEACH

State

FL

Zip Code

33401-4304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13232169

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CHARLES BAKES

Mailing Address 400 NORTH FLAGLER UNIT PHB1

City

WEST PALMBEACH

State

FL

Zip Code

33401-4304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13232170

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHARLES BAKES

Mailing Address 400 NORTH FLAGLER UNIT PHB1

City

WEST PALMBEACH

State

FL

Zip Code

33401-4304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13232171

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CHARLES BAKES

Mailing Address 400 NORTH FLAGLER UNIT PHB1

City

WEST PALMBEACH

State

FL

Zip Code

33401-4304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13232172

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DANIEL W. BALDWIN

Mailing Address 28470 AVENUE STANFORD  
SUITE 340

City

VALENCIA

State

CA

Zip Code

91355-1460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245623

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MAURINE BALISTRERI

Mailing Address 3416 W RIVERLAND DR 118N

City

MEQUON

State

WI

Zip Code

53092-2840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13225015

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LAURENE BALLARD

Mailing Address 9221 CROESUS AVE

City

LOS ANGELES

State

CA

Zip Code

90002-2522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13217961

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT L. BALLIETT

Mailing Address 305 VILLAGE HEIGHTS DR #223

City

STATE COLLEGE

State

PA

Zip Code

16801-7691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243400

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DENNIS C. BAMBINO

Mailing Address 429 2ND AVE

City

MASSAPEQUA PK

State

NY

Zip Code

11762-1500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHRISTIAN FAMILY FELLOWSH

Occupation  
MINISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13214824

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARK C. BANAS

Mailing Address 2823 ASPEN RD

City

RHINELANDER

State

WI

Zip Code

54501-8563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207489

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BERNADENE M. BANE

Mailing Address P.O. BOX 146

City

WOLBACH

State

NE

Zip Code

68882-0146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13212386

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HALBERT J. BANKS

Mailing Address 60C BRIAR HOLLOW LANE

City

HOUSTON

State

TX

Zip Code

77027-9314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TEXAS INTERNATIONAL CONSU-  
LTANT

Occupation

REAL ESTATE INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	9	

Transaction ID: SA11.13232194

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL BANNISTER

Mailing Address 18254 WOODBURY COURT

City

NORTHVILLE

State

MI

Zip Code

48168-8844

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FORD CREDIT

Occupation

CHAIRMAN &amp; C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	9	

Transaction ID: SA11.13225804

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ERROL C. BAPTIST

Mailing Address 5112 PARLIAMENT PLACE

City

ROCKFORD

State

IL

Zip Code

61107-5066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	9	

Transaction ID: SA11.13217038

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

450.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR EDGAR F. BARAYA

Mailing Address 2045 LAFAYETTE AVE

City

BRONX

State

NY

Zip Code

10473-2008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DR EDGA BARAYA MD

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Transaction ID: SA11.13217572

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. BARB

Mailing Address 2004 MEANDERING WAY

City

MC KINNEY

State

TX

Zip Code

75071-2836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED PARCEL SERVICE

Occupation

PILOT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	4		2	0	0	9

Transaction ID: SA11.13237210

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES M. BARBER

Mailing Address P.O. BOX 95

City

MARTELLE

State

IA

Zip Code

52305-0095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Transaction ID: SA11.13222717

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

575.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 1281

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL J. BARBER

Mailing Address 1172 CAVE SPRINGS TRL

City

LAS CRUCES

State

NM

Zip Code

88011-4004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13242984

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. CARLOS BARCELO

Mailing Address 7777 FOREST LN  
# C717

City

DALLAS

State

TX

Zip Code

75230-2550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217361

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THEODORE BARCLAY

Mailing Address 705 FRIENDS LN

City

GRANVILLE

State

OH

Zip Code

43023-8018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238257

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALVIN L. BARDEN

Mailing Address 4427 CHAIN O. LAKES ROAD

City

EAGLE RIVER

State

WI

Zip Code

54521-7500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233321

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TOMMY BARKER

Mailing Address 1513 98TH ST. NW

City

GROVE

State

OK

Zip Code

74344-4609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BARKER'S EDGEWATER MARINE

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207059

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GERSON BARNETT

Mailing Address 2908 SHADOW OAKS PL

City

BILLINGS

State

MT

Zip Code

59102-0776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225748

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES W. BARNETT

Mailing Address 45 TWIN OAKS RD

City

AKRON

State

OH

Zip Code

44313-6819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205804

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. THOMAS P. BARNETT

Mailing Address 200 BANNING ST  
SUITE 200

City

DOVER

State

DE

Zip Code

19904-3487

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217028

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JAMES ALAN BARNHART

Mailing Address 3711 TREEMONT CT

City

COLLEYVILLE

State

TX

Zip Code

76034-8697

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PINNACLE ANESTHESIA CONSU-  
LTANTS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217430

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. NANCY L. BARNHART

Mailing Address 7370 WALSH RD

City

MILLINGTON

State

TN

Zip Code

38053-6020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246032

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ROBERT M. BARONE

Mailing Address 3075 HEALTH CENTER DR STE 102

City

SAN DIEGO

State

CA

Zip Code

92123-2773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206292

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. IVAN BAROYA

Mailing Address 2452 FENTON ST  
SUITE 202

City

CHULA VISTA

State

CA

Zip Code

91914-4551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206289

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALLEN E. BARR

Mailing Address 3506 HOLLY LN

City

STEVENSVILLE

State

MT

Zip Code

59870-6634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214455

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRENDAN BARRICK

Mailing Address 319 HODENCAMP RD APT 80

City

THOUSAND OAKS

State

CA

Zip Code

91360-5635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SECURITAS

Occupation  
TAX ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13203139

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HERMAN R. BARROS

Mailing Address 1831 SHERER LANE

City

GLENDALE

State

CA

Zip Code

91208-2713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230791

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KENNETH J. BARRY

Mailing Address P.O. BOX 1375

City

BOCA GRANDE

State

FL

Zip Code

33921-1375

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235277

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH S. BARTH

Mailing Address 725 ARTHUR MOORE DR.

City

GREEN CV SPGS

State

FL

Zip Code

32043-9509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214442

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DAVID H. BARTON

Mailing Address 9908 FOX SPRINGS DR

City

LAS VEGAS

State

NV

Zip Code

89117-0941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13237276

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MIKE BARTOS

Mailing Address 222 MONTE VISTA DR.

City

NAPA

State

CA

Zip Code

94559-2125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KISERMEN TO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209758

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. HAROLD R. BASS

Mailing Address 20 RESEARCH PLACE SUITE 230

City

NORTH CHELMSFORD

State

MA

Zip Code

01863-2455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOWELL GENERAL HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215536

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM BASS BASS, JR.

Mailing Address P.O.BOX 668

City

EAST PALATKA

State

FL

Zip Code

32131-0668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219267

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ROCHELLE H. BAST

Mailing Address 3704 N LAKE DR

City

SHOREWOOD

State

WI

Zip Code

53211-2646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243299

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY M. BASTON

Mailing Address 617 MOELLER AVENUE

City

CINCINNATI

State

OH

Zip Code

45217-1121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226602

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BEN G. BATTLE, JR.

Mailing Address 9950 SEA GRAPE CIR

City

CORAL GABLES

State

FL

Zip Code

33156-3401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233795

Amount of Each Receipt this Period

375.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

525.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ROBERT E. BATTMER

Mailing Address 3700 W 83RD ST.  
SUITE 202

City	State	Zip Code
PRAIRIE VILLAGE	KS	66208-5120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

Transaction ID: SA11.13215636

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. GLORIA J. BAUN

Mailing Address 163 BOSA DR

City	State	Zip Code
SAINT ROBERT	MO	65584-4643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	9

Transaction ID: SA11.13242105

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KENNETH S. BAXTER

Mailing Address 2132 HAVEN CREST DR

City	State	Zip Code
CHATTANOOGA	TN	37421-2808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	9

Transaction ID: SA11.13205815

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

850.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. TIMOTHY E. BAXTER

Mailing Address 33533 W 12 MILE RD  
SUITE 370

City State Zip Code  
FARMINGTON MI 48331-5634

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LAW OFFICES OF TIMOTHY E.  
BAXTER & ASS

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13225091

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BURKE B. BAYER

Mailing Address 736 CRESTLINE DR.

City State Zip Code  
MANHATTAN KS 66502-7003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BAYER CONST. CO.

Occupation  
CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13223980

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWARD W. BAYUK

Mailing Address W 8623 DOVE ROAD

City State Zip Code  
WILLARD WI 54493-8878

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BARUK PETROLEUM INC.

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13260108

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5400.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DAVID BEACH

Mailing Address 471 AUBURN AVENUE

City

SIERRA MADRE

State

CA

Zip Code

91024-1156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GIOVINE CAPITAL GROUPOccupation  
FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	9

Transaction ID: SA11.13242581

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. EUGENE BEAL

Mailing Address 1516 TOPPING RD

City

SAINT LOUIS

State

MO

Zip Code

63131-1400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13217598

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CAROL S. BEAM

Mailing Address P.O. BOX 233

City

DEXTER

State

MO

Zip Code

63841-0233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13223509

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

580.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 70 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID L. BEAN

Mailing Address 4304 W VENUS WAY

City

CHANDLER

State

AZ

Zip Code

85226-3729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHWEST AIRLINES

Occupation

AIRLINE PILOT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13238838

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. PEARL BEAN

Mailing Address 501 TRINITY CT

City

EVANSTON

State

IL

Zip Code

60201-1908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229505

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT H. BEAN

Mailing Address P.O. BOX 1738

City

ROSWELL

State

NM

Zip Code

88202-1738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROADRUNNER RANCHO INC.

Occupation

OFFICE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13211606

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

735.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BRYAN J. BEARDSLEY

Mailing Address 320 WARNER DR

City

LEWISTON

State

ID

Zip Code

83501-4441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202879

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARY L. BEARSS

Mailing Address 14225 LAKE MAGDALENE BLVD.

City

TAMPA

State

FL

Zip Code

33618-2321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217641

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GERALD H. BEATTIE

Mailing Address 2646 S. OTSEGO AVENUE

City

GAYLORD

State

MI

Zip Code

49735-9402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

BUSINESS OWNER

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13213042

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALFRED BECK

Mailing Address 766 CHESTNUT ST

City

KEARNY

State

NJ

Zip Code

07032-0484

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220043

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EUGENE W. BECKER

Mailing Address 1008 S LOGAN ST.  
APARTMENT 12

City

LENA

State

IL

Zip Code

61048-9567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210924

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EUGENE W. BECKER

Mailing Address 1008 S LOGAN ST.  
APARTMENT 12

City

LENA

State

IL

Zip Code

61048-9567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215800

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

295.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PETE R. BECKER

Mailing Address P.O. BOX 129

City

ASHBY

State

NE

Zip Code

69333-0129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CATTLE RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244683

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD A BEDONT

Mailing Address 3300 SW 24TH ST

City

DES MOINES

State

IA

Zip Code

50321-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DIAGNOSTIC IMAGING ASSOC.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236123

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. VIRGINIA BEEMER

Mailing Address 92647 FERN HILL RD

City

ASTORIA

State

OR

Zip Code

97103-8206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226609

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

395.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARIAN L. BEESE

Mailing Address 13911 MILLIMAN RD

City

NORWALK

State

OH

Zip Code

44857-9604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DECKO PRODUCTS

Occupation  
CHEF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245447

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH N. BEHAN, III

Mailing Address 4450 CALIFORNIA PL  
PMB 348

City

LONG BEACH

State

CA

Zip Code

90807-2209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNION BANK OF CALIFORNIA

Occupation  
INFORMATION TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13247021

Amount of Each Receipt this Period

550.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARY J. BEHE

Mailing Address 92 LAKEWOOD VILLAGE

City

MEDINA

State

NY

Zip Code

14103-1846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205422

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

640.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARY J. BEHE

Mailing Address 92 LAKEWOOD VILLAGE

City

MEDINA

State

NY

Zip Code

14103-1846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236480

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ELSA P. BEHNEY

Mailing Address 5320 VINCENT AVENUE

City

LOS ANGELES

State

CA

Zip Code

90041-1434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
GEM & JEWELRY DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13217908

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DONALD A. BEHR

Mailing Address 820 MONTGOMERY RD  
SUITE 206

City

GRAHAM

State

TX

Zip Code

76450-4200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13221042

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

860.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. EMMA P. BEIRWAGON

Mailing Address P.O. BOX 455

City

FORT BENTON

State

MT

Zip Code

59442-0455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215824

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. EMMA P. BEIRWAGON

Mailing Address P.O. BOX 455

City

FORT BENTON

State

MT

Zip Code

59442-0455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219208

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILFORD B. BEISEL, JR.

Mailing Address 104 BREEZE CT.

City

SAVANNAH

State

GA

Zip Code

31410-3822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207680

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. KIM ELIZABETH BELANGER

Mailing Address 106 LYNWOOD DR

City

HOUMA

State

LA

Zip Code

70360-6224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246019

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BETTE BELL

Mailing Address 4151 ANGLIN RD APT 18A

City

COLUMBUS

State

GA

Zip Code

31907-8145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13221761

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BETTE BELL

Mailing Address 4151 ANGLIN RD APT 18A

City

COLUMBUS

State

GA

Zip Code

31907-8145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231166

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARION BELL

Mailing Address 331 TERRACE DR

City

HOUSTON

State

TX

Zip Code

77007-5046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241513

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. NOLAN L. BELL

Mailing Address 1101 BLUE JAY ST

City

BURKBURNETT

State

TX

Zip Code

76354-2859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217773

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SUZANNE W. BELLE

Mailing Address 4849 GLENFIELD DR

City

SYRACUSE

State

NY

Zip Code

13215-1901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

POLITICIAN

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13234394

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

285.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MCRAE BENEFIELD

Mailing Address 3841 MEADOW WOOD CIR

City

GUNTERSVILLE

State

AL

Zip Code

35976-2858

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	9

Transaction ID: SA11.13220163

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRUCE P. BENGTON

Mailing Address 91 CARDINAL ROAD

City

READING

State

PA

Zip Code

19610-2517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13221232

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. DONNA C. BENICHASA

Mailing Address 625 GRAMATAN AVENUE  
APARTMENT 6N

City

MOUNT VERNON

State

NY

Zip Code

10552-1839

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	9

Transaction ID: SA11.13213509

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

625.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD J. BENICASA

Mailing Address 53 S WASHINGTON ST APT 3N

City

TARRYTOWN

State

NY

Zip Code

10591-3943

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
METRO NORTH RR

Occupation

RAILROAD WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	9	

Transaction ID: SA11.13222750

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HENRY G. BENNETT

Mailing Address 83 MAIN ST

City

SAVONA

State

NY

Zip Code

14879-9724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	9	

Transaction ID: SA11.13216647

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MIKE BENNETT

Mailing Address 7802 FR 2070

City

PURDY

State

MO

Zip Code

65734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	9	

Transaction ID: SA11.13217677

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

570.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SUE Y. BENNETT

Mailing Address 493 PECAN DR.

City

KNOXVILLE

State

AR

Zip Code

72845-8489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216684

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EUGENE F. BENSEY

Mailing Address 152 MAINDALE DR

City

YUKON

State

OK

Zip Code

73099-6679

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208600

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM BENTLEY

Mailing Address 16375 SOMERSET DR

City

BROOMFIELD

State

CO

Zip Code

80023-8081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13247441

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ROBERTO BERAJA, MD

Mailing Address 2550 S DOUGLAS RD

City

CORAL GABLES

State

FL

Zip Code

33134-6126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BMI

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	9

Transaction ID: SA11.13204796

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR E. BERG

Mailing Address P.O. BOX 187

City

PATERSON

State

WA

Zip Code

99345-0187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: SA11.13211286

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA BERGER

Mailing Address PO BOX 3505

City

BRECKENRIDGE

State

CO

Zip Code

80424-3505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13217308

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

360.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN T. BERGERON

Mailing Address 35122 E 118

City

EARLSBORO

State

OK

Zip Code

74840-9053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240153

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEVEN R. BERGER

Mailing Address 21248 HAROR WAY APT 246

City

AVENTURA

State

FL

Zip Code

33180-3522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239934

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. HANS BERGSTROM

Mailing Address 2612 SW 15TH STREET

City

DEERFIELD BEACH

State

FL

Zip Code

33442-6051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222957

Amount of Each Receipt this Period

525.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

780.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KEVIN BERKEL

Mailing Address 2092 S. SHERWOOD DR.

City

VALDOSTA

State

GA

Zip Code

31602-2249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCG, INC.

Occupation

HEALTH TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 9

Transaction ID: SA11.13227219

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL R. BERMAN

Mailing Address 2736 FISHTRAP ROAD NE

City

OLYMPIA

State

WA

Zip Code

98506-9611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MODERN MACHINERY CO.

Occupation

TRAINING MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 9

Transaction ID: SA11.13235714

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM A. BERNDT

Mailing Address 1219 CHEYENNE DRIVE

City

INDIAN HARBOUR BEA

State

FL

Zip Code

32937-4126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 9

Transaction ID: SA11.13220201

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. BARBARA B. BERNHART

Mailing Address 2510 SCOVILLE RD

City

GRANTS PASS

State

OR

Zip Code

97526-3466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202950

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. GAIL W. BERRALL

Mailing Address 4115 WOODSIDE DRIVE

City

HARRISONBURG

State

VA

Zip Code

22801-2365

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

661.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217622

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALLEN D. BERRY, JR.

Mailing Address 2100 S. BERRYS CHAPEL ROAD

City

FRANKLIN

State

TN

Zip Code

37069-8302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214447

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

555.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALLEN D. BERRY, JR.

Mailing Address 2100 S. BERRYS CHAPEL ROAD

City

FRANKLIN

State

TN

Zip Code

37069-8302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226619

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. CHARLENE H. BERRY

Mailing Address 49615 LINDEN ST

City

PLYMOUTH

State

MI

Zip Code

48170-2393

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DULCIMER EVENTE

Occupation  
MUSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223882

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROCKWOOD N. BERRY

Mailing Address 206 W ORANGE ST

City

DAVENPORT

State

FL

Zip Code

33837-3118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222048

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JANICE H. BESCHE

Mailing Address 1057 N MILLS RIVER RD

City

MILLS RIVER

State

NC

Zip Code

28759-6745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13247456

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRIAN BESSEY

Mailing Address 537 HOLLOW TREE RIDGE ROAD

City

DARIEN

State

CT

Zip Code

06820-2418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JP MORGAN CHASE

Occupation  
BANKING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13221169

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MORGAN H. BETTS

Mailing Address 56 BROOKMOOR ROAD

City

AVON

State

CT

Zip Code

06001-2301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208687

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1040.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MORGAN H. BETTS

Mailing Address 56 BROOKMOOR ROAD

City

AVON

State

CT

Zip Code

06001-2301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13214873

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRED E. BETZ

Mailing Address 320 ROYAL DR

City

GULF SHORES

State

AL

Zip Code

36542-2740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217617

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KARL F. BETZ, JR.

Mailing Address 1780 OLD WOODS COURT NE

City

ADA

State

MI

Zip Code

49301-9695

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BETZ INDUSTRIES

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205734

Amount of Each Receipt this Period

570.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RAYLAND BEURLOT

Mailing Address 146 YORKTOWN DR

City

ALEXANDRIA

State

LA

Zip Code

71303-3621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207134

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. RICHARD BEZOZO

Mailing Address 328 W SAINT GEORGES AVE

City

LINDEN

State

NJ

Zip Code

07036-5638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARE STATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204803

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN F. BIAGAS

Mailing Address 102 MANOR HOUSE COURT

City

YORKTOWN

State

VA

Zip Code

23692-4356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BAY ELECTRIC COMPANY

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13250460

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARIS BIBELNIEKS

Mailing Address 20 VESEY ST

City

NEW YORK

State

NY

Zip Code

10007-2913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214614

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SHERIDAN C. BIGGS

Mailing Address P.O. BOX 160

City

QUAKER STREET

State

NY

Zip Code

12141-0160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225369

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SHERIDAN C. BIGGS

Mailing Address P.O. BOX 160

City

QUAKER STREET

State

NY

Zip Code

12141-0160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13247566

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DANIEL G. BILLS

Mailing Address 460 LIPAN WAY

City

BOULDER

State

CO

Zip Code

80303-3639

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216551

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. MASSOUD BINA

Mailing Address 18955 N MEMORIAL DR.  
STE. 165

City

HUMBLE

State

TX

Zip Code

77338-4252

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Transaction ID: SA11.13226783

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES D. BINGLE

Mailing Address 778 THRASHER DR

City

VIERA

State

FL

Zip Code

32955-6306

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216430

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

850.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD W. BIRD, SR.

Mailing Address 2705 ZION RD

City

BELLEVILLE

State

PA

Zip Code

16823-7649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240653

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARY E. BISSETTE

Mailing Address 2542 VIRGINIA ROAD

City

EDENTON

State

NC

Zip Code

27932-8015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225848

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. FRANKLIN P. BIZOUSKY

Mailing Address 81 HILLCREST DRIVE SUITE 2600

City

PUNXSUTAWNEY

State

PA

Zip Code

15767-2605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215535

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

395.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BUREN L. BLACKWELDER

Mailing Address 3277 BACCARAT ST

City

THOUSAND OAKS

State

CA

Zip Code

91362-4815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13247225

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES A. BLACK

Mailing Address 140 WEE LOCH DR

City

CARY

State

NC

Zip Code

27511-3885

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220348

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LINDSEY C. BLACKWELL

Mailing Address 2433 LYNNHAVEN COURT

City

ASHLAND

State

KY

Zip Code

41101-6363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208929

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL BLACK

Mailing Address 2073 TALBOT RD

City

MECHANICSBURG

State

OH

Zip Code

43044-9783

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229700

Amount of Each Receipt this Period

95.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEVEN D. BLACK

Mailing Address 270 PARK AVENUE

City

NEW YORK

State

NY

Zip Code

10017-2014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JP MORGAN CHASE

Occupation  
EXECUTIVE CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208362

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. KARLA J. BLAIN

Mailing Address 4100 COUNTY ROAD HH

City

LAMAR

State

CO

Zip Code

81052-9533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210837

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2195.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DOROTHY R. BLAIR

Mailing Address 19 TULIP TREE DR

City

CHAMPAIGN

State

IL

Zip Code

61820-2347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229520

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PHILIP M. BLAIR

Mailing Address 10189 FM 974

City

BRYAN

State

TX

Zip Code

77808-9258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13247601

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MILES BLAKESLEE

Mailing Address 2055 RIDGE RD

City

NORTH HAVEN

State

CT

Zip Code

06473-2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13232526

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MILES G. BLAKESLEE

Mailing Address 2255 RIDGE RD

City

NORTH HAVEN

State

CT

Zip Code

06473-1216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219762

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. NORMA ARCHER BLANCHETTE

Mailing Address 3244 E. ROAD

City

CLIFTON

State

CO

Zip Code

81520-7873

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231403

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD J. BLANCHFIELD

Mailing Address 15998 COVE LN

City

DUMFRIES

State

VA

Zip Code

22025-1413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227370

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JAMES H. BLANTON

Mailing Address 2018 BROOKWOOD MEDICAL CTR DR  
STE G5

City State Zip Code  
BIRMINGHAM AL 35209-6896

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13225101

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARTIN C. BLAYLOCK

Mailing Address 11317 MOSLEY LN.

City State Zip Code  
SAINT LOUIS MO 63141-7528

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233014

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MARVIN BLECKER

Mailing Address 12824 SILVER ACACIA PLACE

City State Zip Code  
SAN DIEGO CA 92130-4899

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
QUALCOMM INCORPORATED

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13221828

Amount of Each Receipt this Period

240.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

445.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ROBERT P. BLEREAU

Mailing Address 3020 LAKE PALOURDE

City

MORGAN CITY

State

LA

Zip Code

70380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214164

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DON R. BLESER

Mailing Address 1804 30TH STREET

City

TWO RIVERS

State

WI

Zip Code

54241-2020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230012

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. PETER A. BLICHERT

Mailing Address 1717 MAPLECREST ROAD  
APARTMENT 327

City

FORT WAYNE

State

IN

Zip Code

46815-7676

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13212094

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN BLOOM

Mailing Address 9472 DOUBLE EAGLE LN

City

MARSHALL

State

VA

Zip Code

20115-2489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13224949

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM C. BLOTT

Mailing Address 216 W CAMELLIA AVE

City

MCALLEN

State

TX

Zip Code

78501-2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209729

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM C. BLOTT

Mailing Address 216 W CAMELLIA AVE

City

MCALLEN

State

TX

Zip Code

78501-2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226043

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM C. BLOTT

Mailing Address 216 W CAMELLIA AVE

City

MCALLEN

State

TX

Zip Code

78501-2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13238860

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM C. BLOTT

Mailing Address 216 W CAMELLIA AVE

City

MCALLEN

State

TX

Zip Code

78501-2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240533

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. WANDA M. BLOUNT

Mailing Address 2422 CHAPEL HILL RD

City

DECATUR

State

MS

Zip Code

39327-8707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13217921

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES F. BLUMSTEIN

Mailing Address 2113 HAMPTON AVE.

City

NASHVILLE

State

TN

Zip Code

37215-1401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218722

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ERNEST E. BODENHEIMER, JR.

Mailing Address 2146 NEW CASTLE DRIVE

City

WINSTON SALEM

State

NC

Zip Code

27103-5764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207815

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ALLEN N. BOERGER

Mailing Address 7173 CHAMPIONS LN

City

WEST CHESTER

State

OH

Zip Code

45069-4635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209510

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

STEVEN A. BOERGER

Mailing Address 900 ADAMS CROSSING SUITE 310

City

CINCINNATI

State

OH

Zip Code

45202-1698

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	0	9

Transaction ID: SA11.13212883

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID BOHLE

Mailing Address 186 KIMEL PARK DR

City

WINSTON SALEM

State

NC

Zip Code

27103-6946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216567

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DAVID G. BOJRAB

Mailing Address 10713 OAKTREE RD.

City

FORT WAYNE

State

IN

Zip Code

46845-1049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ORAL SURGEON

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: SA11.13229518

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 103 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. LAWRENCE BONALDI

Mailing Address 1206 AUDREY AVE

City

CAMPBELL

State

CA

Zip Code

95008-6405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: SA11.13225075

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. TIMOTHY J. BONATUS

Mailing Address 1485 N TURQUOISE DR  
SUITE 200

City

FLAGSTAFF

State

AZ

Zip Code

86001-2000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: SA11.13220945

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LYMAN H. BOND

Mailing Address 13555 E 114TH ST

City

FISHERS

State

IN

Zip Code

46037-9711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WACHOVIA SECURITIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SR. VICE PRESIDENT

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: SA11.13234382

Amount of Each Receipt this Period

375.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

975.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STANLEY BOND

Mailing Address 7506 HAMLET ST

City

SPRINGFIELD

State

VA

Zip Code

22151-2808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
ENGINEER

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246984

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. CLAUDIO BONOMETTI

Mailing Address 317 W PUEBLO ST

City

SANTA BARBARA

State

CA

Zip Code

93105-4310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207391

Amount of Each Receipt this Period

600.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TIM M. BONTECOU

Mailing Address 4754 ROUTE 44

City

MILLBROOK

State

NY

Zip Code

12545-4968

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TAMARACK PRESERVE LIMITED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13234404

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

910.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN R. BOOTH

Mailing Address 3419 CREEKWOOD DR

City

BIRMINGHAM

State

AL

Zip Code

35243-4436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CENTRIX PHARMACEUTICAL INC

Occupation

PHARMACEUTICAL EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244831

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARGARET B. BORDEN

Mailing Address 4611 N MILLER AVE

City

PEORIA HEIGHTS

State

IL

Zip Code

61616-6561

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202947

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KEITH B. BORGLUM

Mailing Address 1301 PINE ST

City

JANESVILLE

State

IA

Zip Code

50647-1028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KAY PARK REC CORP

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1930.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13220947

Amount of Each Receipt this Period

920.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1520.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LENNART BORGSTROM

Mailing Address 6 BATES CT

City

WILLIAMSBURG

State

VA

Zip Code

23188-6447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LENCO INTERNATIONAL, INC.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	9

Transaction ID: SA11.13238279

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DANIEL K. BORRESON

Mailing Address 5124 LANES END NE

City

ADA

State

MI

Zip Code

49301-9544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WEST MICHIGAN SURGICAL SP-  
ECIAL

Occupation

SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	9

Transaction ID: SA11.13226597

Amount of Each Receipt this Period

205.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LOUISE C. BOSCHETTO

Mailing Address 10 CHAVES AVE

City

SAN FRANCISCO

State

CA

Zip Code

94127-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ABEL BUILDING MAINTENANCE

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	0	9

Transaction ID: SA11.13213066

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

605.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WINSTON BOTHELL

Mailing Address 609 BENNETT AVENUE  
APARTMENT H.

City State Zip Code  
 COLORADO SPRINGS CO 80909-4964

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
COING

Occupation  
COMPUTER MINDSTARTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244254

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. VIRGINIA A. BOUR

Mailing Address 9175 SALEM

City State Zip Code  
 REDFORD MI 48239-1517

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216488

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. NICHOLAS J. BOURAS

Mailing Address 112 BEEKMAN RD

City State Zip Code  
 SUMMIT NJ 07901-1723

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NICHOLAS J. BOURAS INC.

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220874

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

ADM. A. J. BOURGEOIS

Mailing Address 10100 HILLVIEW DRIVE  
 APARTMENT 608

City State Zip Code  
**PENSACOLA FL 32514-5460**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220139

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA J. BOURRET

Mailing Address 941 HOMESTEAD AVE

City State Zip Code  
**RIVERTON WY 82501-3280**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13231813

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOSEPH F. BOVERI

Mailing Address 5430 GLENRIDGE DR NE

City State Zip Code  
**ATLANTA GA 30342-1342**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 GYN ATLANTA/ SOUTHEASTERN  
 GYNECOLOGIC

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202877

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR FRANK BOWEN

Mailing Address PO BOX 458

City

CARTHAGE

State

MS

Zip Code

39051-0458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217613

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JOHN S. BOWEN

Mailing Address 2570 NORTSHORE BLVD  
STE 200

City

FLOWER MOUND

State

TX

Zip Code

75028-8386

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOWEN EYE CARE & ASSOC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13226781

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH A. BOWER

Mailing Address 4884 ELDORADO DRIVE

City

LA VERNE

State

CA

Zip Code

91750-2108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241140

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

455.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. SHIRLEY P. BOWER**

Mailing Address **4896 RED OAK DR**

City State Zip Code  
**GAINESVILLE GA 30506-5375**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**285.00**

Date of Receipt

**12 / 15 / 2009**

**Transaction ID: SA11.13216910**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. DENNIS E. BOWES**

Mailing Address **7 STANTON AVE**

City State Zip Code  
**BORDENTOWN NJ 08505-1924**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**NONE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**260.00**

Date of Receipt

**12 / 30 / 2009**

**Transaction ID: SA11.13242538**

Amount of Each Receipt this Period

**160.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT E. BOWYER**

Mailing Address **1511 W GREENBRIAR DR**

City State Zip Code  
**MOUNT PROSPECT IL 60056-3652**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**12 / 14 / 2009**

**Transaction ID: SA11.13220569**

Amount of Each Receipt this Period

**150.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**410.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. FUMIE BOYCE

Mailing Address 4532 INTELCO LOOP SE  
APT 354

City State Zip Code  
LACEY WA 98503-5561

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222416

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. FUMIE BOYCE

Mailing Address 4532 INTELCO LOOP SE  
APT 354

City State Zip Code  
LACEY WA 98503-5561

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239395

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. FUMIE BOYCE

Mailing Address 4532 INTELCO LOOP SE  
APT 354

City State Zip Code  
LACEY WA 98503-5561

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13242951

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

440.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM J. BOYCE**

Mailing Address **41 E DRY COULEE ROAD**

City State Zip Code  
**OKANOGAN WA 98840-8208**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**215.00**

Date of Receipt

**12 / 09 / 2009**

**Transaction ID: SA11.13212931**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. AUSTEN BOYD**

Mailing Address **21 WOOD RD**

City State Zip Code  
**MORRISTOWN NJ 07960-4819**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**12 / 09 / 2009**

**Transaction ID: SA11.13213035**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. DARRELL H. BOYD**

Mailing Address **6816 CHEYENNE CIR**

City State Zip Code  
**MINNEAPOLIS MN 55439-1110**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**750.00**

Date of Receipt

**12 / 21 / 2009**

**Transaction ID: SA11.13231407**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**150.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARCIA B. BOYESEN

Mailing Address 35 RUEN ROAD

City

KEMPTON

State

PA

Zip Code

19529-8833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Transaction ID: SA11.13236148

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JANIS M. BRABHAM

Mailing Address P.O. BOX 5738

City

PAHRUMP

State

NV

Zip Code

89041-5738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: SA11.13209601

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA C. BRADEN

Mailing Address 1175 S. LAKE SHORE DRIVE

City

LAKE GENEVA

State

WI

Zip Code

53147-2244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	0	9

Transaction ID: SA11.13235447

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

275.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DYE BRADFORD

Mailing Address 497 AZALEA DRIVE SUITE 101

City

OXFORD

State

MS

Zip Code

38655-7907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235501

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JAMES T. BRADLEY

Mailing Address 560 N JOLIET ST

City

JOLIET

State

IL

Zip Code

60432-4154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244456

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM BRADY

Mailing Address 225 BUSH ST  
STE 1635

City

SAN FRANCISCO

State

CA

Zip Code

94104-4215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRESIDIO MANAGEMENT

Occupation

PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242102

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES D. BRAGA

Mailing Address 22535 220TH ST

City

ELDORA

State

IA

Zip Code

50627-8313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226294

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES D. BRAGA

Mailing Address 22535 220TH ST

City

ELDORA

State

IA

Zip Code

50627-8313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226592

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ROBERT W. BRAGDON

Mailing Address 1050 BOWER HILL RD  
STE 105

City

PITTSBURGH

State

PA

Zip Code

15243-1866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13226795

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM C. BRAINARD

Mailing Address 9305 W THOMAS RD  
STE 380

City	State	Zip Code
PHOENIX	AZ	85037-3368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13217524

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LEANDER A. BRAKE

Mailing Address 3814 W 19TH ST N

City	State	Zip Code
WICHITA	KS	67203-1017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: SA11.13225184

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL M. BRANDT

Mailing Address 6117 E JANICE WAY

City	State	Zip Code
SCOTTSDALE	AZ	85254-2538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CONSULTANT

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Transaction ID: SA11.13239916

Amount of Each Receipt this Period

60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

260.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT BRANNON

Mailing Address 32 STAGE ROAD

City

NEWARK

State

DE

Zip Code

19711-4004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226118

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CREED V. BRATTAIN

Mailing Address 530 FIR KNOLL LN NE

City

SALEM

State

OR

Zip Code

97317-3367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRATTAIN INTL. TRUCKS

Occupation  
CHAIRMAN-CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205574

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ROMA JEAN BRAUTIGAM

Mailing Address 11077 RUNKLE ROAD

City

SAINT PARIS

State

OH

Zip Code

43072-9678

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228128

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARILYN H. BRAY

Mailing Address 9170 E BARN WOOD LN

City

PRESCOTT VALLEY

State

AZ

Zip Code

86315-9654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209579

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JACK H. BREARD

Mailing Address 3831 TURTLE CREEK BLVD APT 21E

City

DALLAS

State

TX

Zip Code

75219-4415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
E.B.S.C.O. INDUSTRIES, IN-  
C.

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13212856

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. CHARLES W. BREAUX

Mailing Address 3505 KINGSHILL ROAD

City

BIRMINGHAM

State

AL

Zip Code

35223-1470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220564

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 119 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WARD BREAUX

Mailing Address P.O. BOX 888

City

LOREAUVILLE

State

LA

Zip Code

70552-0888

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11.13245785

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. HELEN BREITINGER

Mailing Address 42 BELMONT STREET

City

WAYMART

State

PA

Zip Code

18472-9210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	0	9

Transaction ID: SA11.13213036

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ELMER P. BRESTAN

Mailing Address 4724 N DAVIS HWY

City

PENSACOLA

State

FL

Zip Code

32503-2339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13217591

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

605.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. C BREWER

Mailing Address 2401 QUEENS LACE TRAIL

City

CHATTANOOGA

State

TN

Zip Code

37421-1842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	0	9

Transaction ID: SA11.13235663

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ROBERT L. BREWER

Mailing Address 3200 E SKILLERN ROAD

City

FAYETTEVILLE

State

AR

Zip Code

72703-4626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	0	9

Transaction ID: SA11.13220466

Amount of Each Receipt this Period

115.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ROBERT L. BREWER

Mailing Address 3200 E SKILLERN ROAD

City

FAYETTEVILLE

State

AR

Zip Code

72703-4626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	9

Transaction ID: SA11.13243409

Amount of Each Receipt this Period

115.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

330.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT A. BRIGGS

Mailing Address P.O. BOX 888

City

INDEPENDENCE

State

KS

Zip Code

67301-0888

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13220952

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SHELDON F. BRILL

Mailing Address 4130 COLEMAN AVENUE

City

BALTIMORE

State

MD

Zip Code

21213-2015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BALTO CO. DEPRM WASTE MGT  
DIV.

Occupation

ENVIRONMENTAL SANITARIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214092

Amount of Each Receipt this Period

255.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. BRIAN D. BRISCOE

Mailing Address 4301 OLD COURT RD UNIT 501

City

PIKESVILLE

State

MD

Zip Code

21208-6518

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207332

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. ETHEL T. BRITTINGHAM

Mailing Address 197 FINNEGAN LN

City

KENDALL PARK

State

NJ

Zip Code

08824-1726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227433

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MICHAEL H. BRODERDORF

Mailing Address 7978 GURNEY COURT

City

APPLE VALLEY

State

MN

Zip Code

55124-7396

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED HOSPITALOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208858

Amount of Each Receipt this Period

155.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. RUTH BROEDER

Mailing Address 206 COLUMBA LANE

City

KALISPELL

State

MT

Zip Code

59901-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235651

Amount of Each Receipt this Period

400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

605.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH BROM

Mailing Address 3216 RUNNING DEER CIR

City

LOUISVILLE

State

KY

Zip Code

40241-6556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204946

Amount of Each Receipt this Period

525.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JANE D. BROOKS

Mailing Address 171 HAULOVER CIRCLE

City

MONTROSS

State

VA

Zip Code

22520-8806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN PLUS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

REGISTERED NURSE

Aggregate Year-to-Date ▼

254.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13237510

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. KENNETH BROOKS

Mailing Address 1830 TOWN CENTER DRIVE #405

City

RESTON

State

VA

Zip Code

20190-3218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218552

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1055.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DAVID G. BROWN

Mailing Address 950 TIMBER GLEN LN

City

WILMINGTON

State

OH

Zip Code

45177-2512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229437

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. EDMUND B. BROWNELL

Mailing Address 2346 STONEBRIDGE DR

City

FLINT

State

MI

Zip Code

48532-5406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225402

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ELEANOR B. BROWN

Mailing Address 1115 POQUONOCK AVENUE

City

WINDSOR

State

CT

Zip Code

06095-1828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216518

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1360.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. GAYLE BROWN

Mailing Address 2150 STONE OAK

City

FREDERICKSBURG

State

TX

Zip Code

78624-2956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227640

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. GEORGE BROWN

Mailing Address 108 BROWN DR

City

BRYAN

State

OH

Zip Code

43506-8959

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226485

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JERRY H. BROWN

Mailing Address 11 DEW WOOD CT

City

DERWOOD

State

MD

Zip Code

20855-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13221121

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN A. BROWN

Mailing Address 51 AURA VISTA

City

MILLBRAE

State

CA

Zip Code

94030-2201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207742

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN A. BROWN

Mailing Address 51 AURA VISTA

City

MILLBRAE

State

CA

Zip Code

94030-2201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230192

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JUDY BROWN

Mailing Address 10384 LA CEBRA AVE

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-5204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223839

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. KAY BROWN

Mailing Address 4113 CALGARY AVENUE

City

SAN DIEGO

State

CA

Zip Code

92122-2508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	9

Transaction ID: SA11.13206833

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KENNETH W. BROWNELL

Mailing Address P.O. BOX 279

City

NEBO

State

NC

Zip Code

28761-0021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	9

Transaction ID: SA11.13243328

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PETER M. BROWN

Mailing Address 125 WINSTED CT

City

SAN JOSE

State

CA

Zip Code

95139-1255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IBM CORP.

Occupation

PROGRAMMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Transaction ID: SA11.13240960

Amount of Each Receipt this Period

125.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

335.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PETER R. BROWN

Mailing Address 8323 40TH PLACE N.

City

SAINT PETERSBURG

State

FL

Zip Code

33709-3936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220070

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. RHONDA BROWN

Mailing Address 1338 ROAD 170

City

SUBLETTE

State

KS

Zip Code

67877-8043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217263

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ROSANNE BROWN

Mailing Address 8150 PINE CONE ROAD

City

COLORADO SPGS

State

CO

Zip Code

80908-6100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236691

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

435.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STANLEY L. BROWN

Mailing Address 2564 UNION AVE

City

LENOX

State

IA

Zip Code

50851-8502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BROWN BEAR CORP.

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216919

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. CHARLES E. BRUERD

Mailing Address 21 COUNTY RD 5402

City

FARMINGTON

State

NM

Zip Code

87401-1567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FOUR CORNERS ANESTHESIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217375

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID A. BRUNE

Mailing Address 6420 CLOISTER GATE DRIVE

City

BALTIMORE

State

MD

Zip Code

21212-1057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222440

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DORIS BRUNO

Mailing Address 1111 LINCOLN AVENUE

City

OWATONNA

State

MN

Zip Code

55060-4004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226595

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SUSAN VALERIA BRUNOFF

Mailing Address 334 W CEDAR ST

City

NEW HOLLAND

State

PA

Zip Code

17557-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222363

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SUSAN VALERIA BRUNOFF

Mailing Address 334 W CEDAR ST

City

NEW HOLLAND

State

PA

Zip Code

17557-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233588

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 131 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. JAMES A. BRYAN

Mailing Address 2983 W PLANTATION PINES CT

City	State	Zip Code
LECANTO	FL	34461-9500

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
PINNACLE AIRCRAFT LEASING,  
INC.Occupation  
AIRCRAFT EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	9

Transaction ID: SA11.13209961

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MS. PATRICIA W. BRYAN

Mailing Address 324 WISHING WELL AVE

City	State	Zip Code
NEWPORT	VT	05855-9630

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
INN KEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	0	9

Transaction ID: SA11.13220991

Amount of Each Receipt this Period

410.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MRS. RUTH BRYANT

Mailing Address 1208 WOODCREST CIRCLE

City	State	Zip Code
HARRISONBURG	VA	22801-3528

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	8		2	0	0	9

Transaction ID: SA11.13227597

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

810.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALEXANDER BRYN

Mailing Address 14000 SAGEMORE DR

City

MARLTON

State

NJ

Zip Code

08053-3952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Transaction ID: SA11.13207090

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALEXANDER BRYN

Mailing Address 14000 SAGEMORE DR

City

MARLTON

State

NJ

Zip Code

08053-3952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11.13246995

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. EVA M. BUCH

Mailing Address P.O. BOX 686

City

LIBERTYVILLE

State

IL

Zip Code

60048-0686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
ANESTHESIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Transaction ID: SA11.13241045

Amount of Each Receipt this Period

115.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

615.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GARY R. BUCHANAN

Mailing Address 261 RISSMAN LANE

City

ORTONVILLE

State

MI

Zip Code

48462-9076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	9

Transaction ID: SA11.13206360

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. NEIL E. BUCHANAN

Mailing Address 15596 BURBANK DR

City

BROOKSVILLE

State

FL

Zip Code

34604-0714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13221878

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. NEIL E. BUCHANAN

Mailing Address 15596 BURBANK DR

City

BROOKSVILLE

State

FL

Zip Code

34604-0714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	0	9

Transaction ID: SA11.13235976

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

110.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ROBERT D. BUCHANAN

Mailing Address 4751 EAGLERIDGE CIRCLE  
APARTMENT 108

City State Zip Code  
PUEBLO CO 81008-2123

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13221873

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARIE M. BUCHER

Mailing Address 520 TERRACE AVE

City State Zip Code  
CINCINNATI OH 45220-1917

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239219

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ROBERT D. BUCHMANN

Mailing Address 4751 EAGLERIDGE CIR APT 108

City State Zip Code  
PUEBLO CO 81008-2123

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1070.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240823

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES R. BUCK

Mailing Address 1567 YARDLEY COURT

City

WEST CHESTER

State

PA

Zip Code

19380-5752

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13220987

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FELIX J. BUCZKOWSKI

Mailing Address 10 WILMINGTON AVE.  
APARTMENT 315W

City

DAYTON

State

OH

Zip Code

45420-1877

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13229263

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ARUNAS A. BUDNIKAS

Mailing Address 1134 STATE ROUTE 29

City

GREENWICH

State

NY

Zip Code

12834-6107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217299

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

710.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DR. ARUNAS A. BUDNIKAS**

Mailing Address **1134 STATE ROUTE 29**

City State Zip Code  
**GREENWICH NY 12834-6107**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**415.00**

Date of Receipt

**12 / 21 / 2009**

Transaction ID: SA11.13230721

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT R. BUETTELL**

Mailing Address **506 LAKESIDE DR**

City State Zip Code  
**FULLERTON CA 92835-1541**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JAM PLASTICS INC.**

Occupation  
**OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**12 / 21 / 2009**

Transaction ID: SA11.13231070

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. ALAN BUKSA**

Mailing Address **51 GLENVIEW RD**

City State Zip Code  
**MERIDEN CT 06450-6817**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DNE TECHNOLOGIES, INC.**

Occupation  
**ASSEMBLER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**340.00**

Date of Receipt

**12 / 21 / 2009**

Transaction ID: SA11.13229946

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**165.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LARRY J. BULLER

Mailing Address 841 SAN ANGELO DR

City

BISMARCK

State

ND

Zip Code

58504-7467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BASIN ELECTRIC

Occupation

PILOT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238291

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TAYLOR BURFORD

Mailing Address P.O. BOX 37

City

STONEWALL

State

LA

Zip Code

71078-0037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215895

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WALWORTH BURGE

Mailing Address 4800 SPRINGWILLOW RD

City

FORT WORTH

State

TX

Zip Code

76109-3241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13213285

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARLOWE P. BURG

Mailing Address 4877 COUNTY RD G UNIT 7

City

EAGLE RIVER

State

WI

Zip Code

54521-9747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Transaction ID: SA11.13240886

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. DON BURK

Mailing Address 2805 DAWSON STREET

City

ANCHORAGE

State

AK

Zip Code

99503-3800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: SA11.13233140

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRANCIS M. BURKE

Mailing Address 2330 SHALEM COLONY TRL

City

LAS CRUCES

State

NM

Zip Code

88007-4933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13217610

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

255.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LOUISE J. BURKE

Mailing Address 250 E. WARREN STREET

City

ISELIN

State

NJ

Zip Code

08830-1256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	9	

Transaction ID: SA11.13230046

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LOUISE J. BURKE

Mailing Address 250 E. WARREN STREET

City

ISELIN

State

NJ

Zip Code

08830-1256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	9	

Transaction ID: SA11.13240912

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. SCOTT BURKE

Mailing Address 11 FRIENDS LN  
STE 103

City

NEWTOWN

State

PA

Zip Code

18940-1803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE ARRHYTHMIA INSTITUTE  
PENN CARDIACOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	9	

Transaction ID: SA11.13224987

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

350.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SUZANNE M. BURKE

Mailing Address 7542 34TH AVENUE NW

City

SEATTLE

State

WA

Zip Code

98117-4723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FREMONT DOCK COMPANY

Occupation

PROPERTY MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: SA11.13232236

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. IRMA G. BURKHEAD

Mailing Address 298 SKYLINE DR

City

DALY CITY

State

CA

Zip Code

94015-4540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BURKHEAD REALTY

Occupation

REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	9	

Transaction ID: SA11.13212106

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID T. BURLESON

Mailing Address 9002 RANCICH ST

City

EL PASO

State

TX

Zip Code

79904-1029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	9	

Transaction ID: SA11.13208763

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

625.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARGARET L. BURNET

Mailing Address 14619 MALLARD LAKE DR

City

CHESTERFIELD

State

MO

Zip Code

63017-5591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216865

Amount of Each Receipt this Period

205.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ELAINE BURNS

Mailing Address 100 BELLVUE CT

City

ST MARYS

State

GA

Zip Code

31558-4700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205331

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ELAINE BURNS

Mailing Address 100 BELLVUE CT

City

ST MARYS

State

GA

Zip Code

31558-4700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242555

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JUDITH O. BURNS

Mailing Address 189 OAK ROAD

City

ALAMO

State

CA

Zip Code

94507-2760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

REAL ESTATE MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13223934

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM A. BURNS

Mailing Address 8029 CAMDEN WAY

City

CANFIELD

State

OH

Zip Code

44406-8165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13213468

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM BUROW

Mailing Address 107 COUNTRY CLUB CT

City

DANVILLE

State

IL

Zip Code

61832-1219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OLD NATIONAL INS.

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13220972

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARY E. BURRESCIA

Mailing Address 13307 N LAKEWOOD DR

City

MEQUON

State

WI

Zip Code

53097-2410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206633

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. NANCY BURROW

Mailing Address 100 HILLVIEW COURT

City

BRANDON

State

MS

Zip Code

39042-1950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222961

Amount of Each Receipt this Period

725.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. VIRGINIA BURROUGHS

Mailing Address 1531 SEAL WAY  
APT 1

City

SEAL BEACH

State

CA

Zip Code

90740-6573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228732

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1075.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALLEN BUSH

Mailing Address P.O. BOX 246

City

BLYTHERVILLE

State

AR

Zip Code

72316-0246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233781

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WALTER J. BUSHNELL

Mailing Address 6916 S COOK WAY

City

CENTENNIAL

State

CO

Zip Code

80122-2016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216758

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. RUTH BUSSE

Mailing Address 315 SPRING CREEK CIRCLE

City

SCHAUMBURG

State

IL

Zip Code

60173-2155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

539.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204890

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT B. BUSSLER

Mailing Address 2515 PAGE TER

City

ALEXANDRIA

State

VA

Zip Code

22302-2714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206327

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SONDR A DIANE BUTHERUS

Mailing Address 1500 BUCKINGHAM DR

City

LINCOLN

State

NE

Zip Code

68506-1716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BUTHERUS, MASER, & LOVE,  
ET AL

Occupation  
FAMILY SERVICE ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13237348

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GREEN S. BUTLER

Mailing Address P.O. BOX 599

City

HOMER

State

LA

Zip Code

71040-0599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13250462

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 146 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DOUGLAS BUTZIER

Mailing Address 250 MERCY DR.

City

DUBUQUE

State

IA

Zip Code

52001-7320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13217557

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LESLIE BYSTROM

Mailing Address 13907 PUGET SOUND BLVD

City

EDMONDS

State

WA

Zip Code

98026-3219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	0	9

Transaction ID: SA11.13231804

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DANIEL E. CA JACOB

Mailing Address 2915 CLIFTON AVE

City

CINCINNATI

State

OH

Zip Code

45220-2402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GROUP HEALTH ASSOCIATESOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	9

Transaction ID: SA11.13207395

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

610.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 147 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WOODROW W. CABER

Mailing Address 8351 E APPOMATTOX

City

TUCSON

State

AZ

Zip Code

85710-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
F.A.A.

Occupation

SUPERVISORY AIR TRAFFIC SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: SA11.13209573

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WOODROW W. CABER

Mailing Address 8351 E APPOMATTOX

City

TUCSON

State

AZ

Zip Code

85710-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
F.A.A.

Occupation

SUPERVISORY AIR TRAFFIC SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

Transaction ID: SA11.13215242

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WOODROW W. CABER

Mailing Address 8351 E APPOMATTOX

City

TUCSON

State

AZ

Zip Code

85710-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
F.A.A.

Occupation

SUPERVISORY AIR TRAFFIC SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Transaction ID: SA11.13238596

Amount of Each Receipt this Period

15.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

70.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 148 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THURLOW H. CAFFEY

Mailing Address 4801 GLENWOOD HILLS DR NE

City

ALBUQUERQUE

State

NM

Zip Code

87111-3066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	5	/	2	0	0	9

Transaction ID: SA11.13208161

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

THURLOW H. CAFFEY

Mailing Address 4801 GLENWOOD HILLS DR NE

City

ALBUQUERQUE

State

NM

Zip Code

87111-3066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216721

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN E. CAGLE

Mailing Address RR 1 BOX 113

City

MILL CREEK

State

OK

Zip Code

74856-9602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	9

Transaction ID: SA11.13242463

Amount of Each Receipt this Period

70.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

445.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT CALABRO

Mailing Address 1647 E 32ND ST

City

BROOKLYN

State

NY

Zip Code

11234-4212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235650

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. DELMAR CALDWELL

Mailing Address 1432 TULANE AVE

City

NEW ORLEANS

State

LA

Zip Code

70112-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TULANE UNIVERSITY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13220942

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HENRY CALDWELL

Mailing Address PO BOX 207

City

ROSE BUD

State

AR

Zip Code

72137-0207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CALDWELL MILLING COMPANY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229499

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

635.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. GUSTAVO CALLEJA, MD

Mailing Address 7500 SW 87TH AVE.  
STE. 200

City

MIAMI

State

FL

Zip Code

33173-5426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GASTROENTEROLOGY CARE CT-  
R.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Transaction ID: SA11.13207042

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JOHN CAMBLIN

Mailing Address 2135 HARDEN BLVD

City

LAKELAND

State

FL

Zip Code

33803-5918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAKELAND REGIONAL MEDICAL  
CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2279.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216829

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. MARK CAMP

Mailing Address 901 N PORTER AVE

City

NORMAN

State

OK

Zip Code

73071-6404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216883

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MR. JOHN SHERMAN CAMPBELL, JR.

Mailing Address 412 RAMBLIN RD.

City State Zip Code  
MOUNT WASHINGTON KY 40047-7527

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNITED PARCEL SERVICE

Occupation  
AIRCRAFT FUELING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13247333

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MS. LINDA CAMPBELL

Mailing Address 7750 JUSTIN CT N

City State Zip Code  
SAINT PETERSBURG FL 33709-1250

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206324

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MS. LINDA CAMPBELL

Mailing Address 7750 JUSTIN CT N

City State Zip Code  
SAINT PETERSBURG FL 33709-1250

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13247421

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. PHYLLIS J. CAMPBELL

Mailing Address 24224 SE 47TH STREET

City

ISSAQUAH

State

WA

Zip Code

98029-6322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JP MORGAN CHASE

Occupation

BANK EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13221170

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD M. CAMPBELL

Mailing Address 1310 BAY ST

City

ALAMEDA

State

CA

Zip Code

94501-3916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KRIEGER-CAMPBELL INC.

Occupation

FIN PLANNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13234623

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RODNEY L. CAMPBELL

Mailing Address 6064 PALMERO CIR

City

CAMERON PARK

State

CA

Zip Code

95682-7439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228605

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 153 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS K. CAMPBELL

Mailing Address 509 WAYNE DR

City

NEWARK

State

OH

Zip Code

43055-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233401

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM CAMPBELL

Mailing Address 546 LITTLE NOYAC PATH

City

WATERMILL

State

NY

Zip Code

11976-2122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JPMORGAN CHASE

Occupation

BANK EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207300

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRED CANADY

Mailing Address 6338 OLEANDER DRIVE

City

WILMINGTON

State

NC

Zip Code

28403-3531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216463

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES J. CANALE, JR.

Mailing Address 34 SCARBOROUGH DR

City

SMITHTOWN

State

NY

Zip Code

11787-5913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13229920

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES J. CANALE, JR.

Mailing Address 34 SCARBOROUGH DR

City

SMITHTOWN

State

NY

Zip Code

11787-5913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240679

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR S JEFFREY CANNELLA

Mailing Address 17448 HIGHWAY 3  
# 136

City

WEBSTER

State

TX

Zip Code

77598-4141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216891

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SALLY CANNING

Mailing Address PO BOX 181

City

LINCOLN

State

NM

Zip Code

88338-0181

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204858

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOELLEN CANNON

Mailing Address 214 MELORINE DR

City

GRAND PRAIRIE

State

TX

Zip Code

75051-4086

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF GRAND PRAIRIE FIRE  
DEP

Occupation  
FIREFIGHTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223900

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. CANNON, SR.

Mailing Address P.O. BOX 308

City

ORANGEBURG

State

SC

Zip Code

29116-0308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE CANNON CO

Occupation  
MFG REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215212

Amount of Each Receipt this Period

41.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

276.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. CRAIG G. CANTRELL

Mailing Address 124 FAIROAKS CIRCLE

City

GADSDEN

State

AL

Zip Code

35901-5414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214437

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JACK M. CANTRELL

Mailing Address 1011 LEWIS LANE

City

ST. SIMONS ISLAND

State

GA

Zip Code

31522-1844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13260110

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SERGIO J. CARDELLO

Mailing Address 60 CIRCLE RD

City

STATEN ISLAND

State

NY

Zip Code

10304-1261

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235542

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1260.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. TERESA F. CARDEN

Mailing Address PO BOX 72014

City

DURHAM

State

NC

Zip Code

27722-2014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOSPITAL TRAVELER INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13227191

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MIGUEL CARDOZA

Mailing Address 2100 KRAMER LN  
STE 250

City

AUSTIN

State

TX

Zip Code

78758-4118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRIDENT RESEARCH LLC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217676

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. COLEEN CARRIGAN

Mailing Address 5830 MERIDIAN RD

City

GIBSONIA

State

PA

Zip Code

15044-9668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229340

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOANNE CARLISLE

Mailing Address 4309 MANORWOOD DR

City

GLEN ARM

State

MD

Zip Code

21057-9126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216509

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. M. A. CARLISLE

Mailing Address 2791 HIGHWAY 13 N.

City

COLUMBIA

State

MS

Zip Code

39429-8635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244169

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ULYSSES CARLINI

Mailing Address 2801 W LEOTA ST

City

NORTH PLATTE

State

NE

Zip Code

69101-6382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241456

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GLENN A. CARLSON

Mailing Address 12519 CAMPSITE TR

City

CYPRESS

State

TX

Zip Code

77429-2652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BINKLEY AND BARFIELDOccupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	9	

Transaction ID: SA11.13226608

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR MARK D. CARLSON

Mailing Address 201 S 68TH STREET PLACE  
SUITE 200

City

LINCOLN

State

NE

Zip Code

68510-2496

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHEAST NEBRASKA HEMATO-  
LOGYOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	9	

Transaction ID: SA11.13216884

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARION I. CARLSON

Mailing Address 3459 TYLER CT

City

ELLCOTT CITY

State

MD

Zip Code

21042-3603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	9	

Transaction ID: SA11.13206361

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT S. CARLSON

Mailing Address P.O. BOX 2798

City

SEQUIM

State

WA

Zip Code

98382-2798

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222375

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

STANLEY WILLIAM CARLSON

Mailing Address 7172 CHAMPIONS LN

City

WEST CHESTER

State

OH

Zip Code

45069-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215229

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN M. CARLYLE

Mailing Address 3875 PRICE RD

City

MOSCOW

State

TN

Zip Code

38057-6125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224620

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DAVID CARMILI

Mailing Address 714 SENECA AVE  
STE 1

City State Zip Code  
FLUSHING NY 11385-2895

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216569

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STANLEY CLARK CARMICHAEL

Mailing Address 2875 TURPIN WOODS CT

City State Zip Code  
CINCINNATI OH 45244-3562

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 9

Transaction ID: SA11.13236068

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROSE CARNELL

Mailing Address 210 MALAGA STREET

City State Zip Code  
VALLEJO CA 94591-7698

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
VALLEJO INVESTMENTS, INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ACCOUNTANT

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204873

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

605.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOT D. CARPENTER

Mailing Address 407 E. MASON AVENUE

City

ALEXANDRIA

State

VA

Zip Code

22301-1257

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CTIA WIRELESS ASSOCIATION

Occupation

VICE PRESIDENT, GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13232214

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. GEORGE W. CARR

Mailing Address 1241 W STADIUM BLVD  
STE 1200

City

JEFFERSON CITY

State

MO

Zip Code

65109-6023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JCMG

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223591

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOHN S. CARR

Mailing Address 3450 YOUTH MONROE RD

City

LOGANVILLE

State

GA

Zip Code

30052-4327

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216830

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MILDRED C. CARR

Mailing Address 1205 KENT PLACE LN

City

WINSTON SALEM

State

NC

Zip Code

27104-1140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202899

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. YVONNE M. CARR

Mailing Address 2215 VINA DEL MAR

City

OXNARD

State

CA

Zip Code

93035-3631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240484

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES L. CARROLL

Mailing Address 2212 FM 466

City

SEGUIN

State

TX

Zip Code

78155-1002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244855

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

285.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOHN M. CARROLL

Mailing Address 630 HAMMOND STREET  
APARTMENT 301

City State Zip Code  
CHESTNUT HILL MA 02467-2348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226664

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TOM H. CARRUTHERS

Mailing Address 400 OAK DRIVE

City State Zip Code  
CINCINNATI OH 45246-4716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220064

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. STEPHANIE CARSELLO

Mailing Address 4964 BASELINE AVE

City State Zip Code  
SANTA YNEZ CA 93460-9736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHRISTINE VASMALL

Occupation  
BALLET INSTRUCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13234598

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID CARTE

Mailing Address 1709 GOOSE CREEK CT

City

RAYMORE

State

MO

Zip Code

64083-9098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CORPS OF ENGINEERS

Occupation

CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13227205

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RUSSELL CASCARDO

Mailing Address PO BOX 200825

City

JAMAICA

State

NY

Zip Code

11420-0825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLEET RECOVERY

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13231819

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS MICHELLE CASE

Mailing Address 500 CROWELL LN

City

LYNCHBURG

State

VA

Zip Code

24502-5570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ADVANCED MACHINING & TECH

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217674

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BETTY CASEY

Mailing Address 150 PINEMONT DR

City

SOUR LAKE

State

TX

Zip Code

77659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216505

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KEVIN M. CASEY

Mailing Address 150 BRICK MILL ROAD

City

BEDFORD

State

NH

Zip Code

03110-5156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMCAST

Occupation  
PRESIDENT, NORTH CENTRAL DIVISION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13250467

Amount of Each Receipt this Period

5500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ASHLEY B. CASH

Mailing Address 2008 BRENTWOOD DR

City

MIDLAND

State

TX

Zip Code

79707-5061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216510

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD M. CASHIN

Mailing Address 10 GRACLE SQUARE  
APARTMENT 8G

City State Zip Code  
NEW YORK NY 10028-8031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JP MORGAN CHASE

Occupation  
PRIVATE EQUITY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13212733

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ROSEMARY H. CASS

Mailing Address 25 HIGHPOINT

City State Zip Code  
CEDAR GROVE NJ 07009-1976

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13227011

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARY LOU CASSELL

Mailing Address 5801 CRESTRIDGE RD APT 105

City State Zip Code  
RANCHO PALOS VERDE CA 90275-4961

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13208275

Amount of Each Receipt this Period

115.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1215.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN CASTLE

Mailing Address 1095 OCEAN BOULEVARD

City

PALM BEACH

State

FL

Zip Code

33480-3230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CASTLE HARLAN, INC.

Occupation

CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13208346

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RICARDO CASTRO

Mailing Address 128 EBONY AVE

City

BROWNSVILLE

State

TX

Zip Code

78520-8012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13229964

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RICARDO CASTRO

Mailing Address 128 EBONY AVE

City

BROWNSVILLE

State

TX

Zip Code

78520-8012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239823

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5040.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CARLETON CATHCART

Mailing Address P.O. BOX 221

City

CONDON

State

OR

Zip Code

97823-0221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13238577

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. STEVE T. CAUBLE

Mailing Address 1401 W 15TH ST

City

LIBERAL

State

KS

Zip Code

67901-2275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
OPTOMETRIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216933

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BILLY G. CAUTHON

Mailing Address 1312 EAST BROADWAY ST.

City

MUSKOGEE

State

OK

Zip Code

74403-5652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
B. C. CUSTOM SRVCS.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13247279

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. MARIOS CAVADIAS

Mailing Address 101 OVERLOOK DRIVE

City State Zip Code  
SANTA CRUZ CA 95060-3343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219245

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MRS. JOAN CAVANAGH

Mailing Address 8105 SYCAMORE CREEK DR APT L

City State Zip Code  
CHARLOTTE NC 28273-6028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
F.B.I.

Occupation  
CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218425

Amount of Each Receipt this Period

35.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MRS. JOAN CAVANAGH

Mailing Address 8105 SYCAMORE CREEK DR APT L

City State Zip Code  
CHARLOTTE NC 28273-6028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
F.B.I.

Occupation  
CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227355

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

165.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. JOAN CAVANAGH**

Mailing Address **8105 SYCAMORE CREEK DR APT L**

City State Zip Code  
**CHARLOTTE NC 28273-6028**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**F.B.I.**

Occupation  
**CLERK**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**325.00**

Date of Receipt

**12 / 18 / 2009**

Transaction ID: SA11.13228101

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. LINDA M. CAVANAUGH**

Mailing Address **1030 CHATEAU DR**

City State Zip Code  
**DAYTON OH 45429-4620**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**12 / 22 / 2009**

Transaction ID: SA11.13233229

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DR JAMES R. CAVETT**

Mailing Address **1225 N STATE ST**

City State Zip Code  
**JACKSON MS 39202-2064**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MISSISSIPPI PATHOLOGY ASS-  
 OC.**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**12 / 15 / 2009**

Transaction ID: SA11.13217433

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**585.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MR. CLARENCE P. CAZALOT, JR.

Mailing Address P.O. BOX 3128

City

**HOUSTON**

State

**TX**

Zip Code

**77253-3128**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MARATHON OIL CORPORATION**

Occupation  
**EXECUTIVE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**10000.00**

Date of Receipt

**12 / 17 / 2009**

**Transaction ID: SA11.13232215**

Amount of Each Receipt this Period

**10000.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL E. CEBELL

Mailing Address P.O. BOX 22631

City

**BAKERSFIELD**

State

**CA**

Zip Code

**93390-2631**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOCKING DENTON PALMQUIST**

Occupation  
**C.P.A.**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**310.00**

Date of Receipt

**12 / 28 / 2009**

**Transaction ID: SA11.13239159**

Amount of Each Receipt this Period

**80.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD CEHON

Mailing Address 1 SCONSET AVE

City

**LEICESTER**

State

**MA**

Zip Code

**01524-1874**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**COMMERCE INSURANCE**

Occupation  
**SENIOR BUSINESS ANALYST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**12 / 23 / 2009**

**Transaction ID: SA11.13231857**

Amount of Each Receipt this Period

**55.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**10135.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN CERVIN, JR.

Mailing Address 815A HILLTOP AVENUE EXT.

City

ABINGDON

State

MD

Zip Code

21009-1306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214076

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRUCE CHAFFIN

Mailing Address 1062 WOODMERE RD

City

NORTH EAST

State

PA

Zip Code

16428-3268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229517

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RONNIE CHAI-CHANG

Mailing Address 2522 MONTEREY CT

City

WESTON

State

FL

Zip Code

33327-1504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227612

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

335.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. TOM CHALFANT

Mailing Address 2893 COLUMBIA RD

City

WESTLAKE

State

OH

Zip Code

44145-5513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216730

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JEAN CHAMBERS

Mailing Address 28 MAIN DRIVE

City

KENTFIELD

State

CA

Zip Code

94904-1034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: SA11.13237360

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JODI CHAMBERS

Mailing Address 4231 W 16TH AVE

City

DENVER

State

CO

Zip Code

80204-1335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHAMBERS SURGICAL CAREOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	9

Transaction ID: SA11.13202925

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

800.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM CHAMBERS

Mailing Address 910 E HOUSTON ST  
# 600

City State Zip Code  
TYLER TX 75702-8304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223616

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM J. CHAMBLIN

Mailing Address P.O. BOX 246

City State Zip Code  
ROBINSON IL 62454-2046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208526

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TOM CHAN

Mailing Address 222 N HOOVER RD

City State Zip Code  
DURHAM NC 27703-2304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CONCEPT FOOD SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

MANAGER

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245735

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES H. CHANDLER

Mailing Address 17528 CHANDLER LN

City

BAKER CITY

State

OR

Zip Code

97814-8281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHANDLER HEREFORDS INC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214133

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. GILBERT S. CHANDLER

Mailing Address 1250 JESSE JEWELL PKWY SE  
STE 200

City

GAINESVILLE

State

GA

Zip Code

30501-3865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SPECIALTY CLINICS OF GEOR-  
GIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13226793

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HENRY T. CHANDLER

Mailing Address 890 N GREEN BAY RD

City

LAKE FOREST

State

IL

Zip Code

60045-1707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244596

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

840.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PARAKRAMA CHANDRASOMA

Mailing Address 405 LINDA VISTA AVENUE

City

PASADENA

State

CA

Zip Code

91105-1237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF SOUTHERN CA-  
LIFOR

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242583

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. LI-FEN CHANG

Mailing Address 1121 KINNEYS LN

City

PORTSMOUTH

State

OH

Zip Code

45662-2806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOMC CANCER CENTER

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235503

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. FREDDA S. CHAPMAN

Mailing Address 11519 ATWELL DR

City

HOUSTON

State

TX

Zip Code

77035-2619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216465

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PHILIP C. CHAPMAN

Mailing Address 2956 E DEL MAR BLVD  
APT 243

City State Zip Code  
PASADENA CA 91107-4388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207780

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PHILIP C. CHAPMAN

Mailing Address 2956 E DEL MAR BLVD  
APT 243

City State Zip Code  
PASADENA CA 91107-4388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227455

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PHILIP C. CHAPMAN

Mailing Address 2956 E DEL MAR BLVD  
APT 243

City State Zip Code  
PASADENA CA 91107-4388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243079

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. STEPHEN P. CHARMAN, SR.**

Mailing Address **292 GLENWILD AVE**  
**P.O. BOX 58**

City **BLOOMINGDALE** State **NJ** Zip Code **07403-1435**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CBS OUTDOOR**

Occupation  
**V.P. OPERATIONS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**255.00**

Date of Receipt

**12 / 29 / 2009**

Transaction ID: SA11.13243106

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JOSE A. CHARSAGUA**

Mailing Address **10244 SHENANDOAH STREET**

City **EL PASO** State **TX** Zip Code **79924-3213**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**256.00**

Date of Receipt

**12 / 15 / 2009**

Transaction ID: SA11.13222498

Amount of Each Receipt this Period

**65.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DR. G KENT CHASTAIN**

Mailing Address **1060 PEERLESS XING NW #200**

City **CLEVELAND** State **TN** Zip Code **37312-3785**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 15 / 2009**

Transaction ID: SA11.13217619

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**400.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 180 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
VICTOR CHAVEZMailing Address 5015 UNIVERSITY AVE  
UNIT B1City State Zip Code  
LUBBOCK TX 79413-4427FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Transaction ID: SA11.13217211

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
DR. DON G. CHEEK

Mailing Address 212 E END AVENUE

City State Zip Code  
STATESVILLE NC 28677-5440FEC ID number of contributing  
federal political committee.**C**Name of Employer  
DONALD G CHEEK DOS PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
DENTIST

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	1		2	0	0	9

Transaction ID: SA11.13231263

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. MARVIN CHEITEN

Mailing Address 35 MEADOWBROOK DRIVE

City State Zip Code  
PRINCETON NJ 08540-3627FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
WRITER

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	0	9

Transaction ID: SA11.13220572

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

850.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. VICKY CHEN-YANG

Mailing Address 14416 W MEEKER BLVD  
STE 300

City State Zip Code  
SUN CITY WEST AZ 85375-5284

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BANNER HEALTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216746

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RAYMOND H. CHERRINGTON

Mailing Address 621 MILWAUKEE AVENUE

City State Zip Code  
ORANGE PARK FL 32073-5432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3859.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13227182

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR JOSEPH Y. CHEUNG

Mailing Address 833 CHESTNUT ST  
SUITE 700

City State Zip Code  
PHILADELPHIA PA 19107-4410

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JEFFERSON MEDICAL COLEGE

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217456

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RALPH N. CHILDS

Mailing Address 5757 W WARWICK AVENUE

City

CHICAGO

State

IL

Zip Code

60634-2658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220571

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RALPH N. CHILDS

Mailing Address 5757 W WARWICK AVENUE

City

CHICAGO

State

IL

Zip Code

60634-2658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243318

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN R. CHISMARICH

Mailing Address 320 N MAIN CROSS STREET

City

BOWLING GREEN

State

MO

Zip Code

63334-1413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231400

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN T. CHITTON

Mailing Address 229 LEE ROAD 716

City

AUBURN

State

AL

Zip Code

36830-8534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244468

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. EUGENE CHIU

Mailing Address 301 MADISON ST  
SUITE 207

City

JOLIET

State

IL

Zip Code

60435-6654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217599

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

HOWARD CHODASH

Mailing Address 751 N RUTLEDGE AVE  
1100

City

SPRINGFIELD

State

IL

Zip Code

62702-4968

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217404

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. A. MICHAEL CHODORCOFF

Mailing Address 109 JESSE COURT

City

MONTVILLE

State

NJ

Zip Code

07045-9010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216487

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HAFEEZ CHOUDHARY

Mailing Address 1232 GREENWOOD RD

City

STROUDSBURG

State

PA

Zip Code

18360-8705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RUTTERCRAFT CORPOccupation  
PRODUCT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	0	9

Transaction ID: SA11.13213017

Amount of Each Receipt this Period

115.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BRAD L. CHRISTIAN

Mailing Address PO BOX 188

City

CLATONIA

State

NE

Zip Code

68328-0188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRAD CHRISTIAN INSURANCE &  
INVESTMENTSOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	9

Transaction ID: SA11.13206314

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

345.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES W. CHRISTENSEN

Mailing Address 6515 CAMINITO NORTHLAND

City

LA JOLLA

State

CA

Zip Code

92037-5823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIVIL ENGINEER

Occupation

CHRISTENSEN ENGINEERING & SURVEYING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205608

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES W. CHRISTENSEN

Mailing Address 6515 CAMINITO NORTHLAND

City

LA JOLLA

State

CA

Zip Code

92037-5823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIVIL ENGINEER

Occupation

CHRISTENSEN ENGINEERING & SURVEYING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239393

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER L. CRISTON

Mailing Address 7 WATERBURY COURT

City

STAFFORD

State

VA

Zip Code

22554-5837

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L-3 COMMUNICATION

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239218

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CYNTHIA L. CHRISTENSEN

Mailing Address 4630 COUNTRY GROVE WAY

City

HEMET

State

CA

Zip Code

92545-8028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217047

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. EMMA J. CHRISTMAS

Mailing Address 18315 BROOKWOOD FRST.

City

SAN ANTONIO

State

TX

Zip Code

78258-4440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217593

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT A. CHRISTOPHER

Mailing Address 27891 N 100TH WAY

City

SCOTTSDALE

State

AZ

Zip Code

85262-8929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218647

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARIE K. CHURCH

Mailing Address 13968 HARTMAN AVE

City

OMAHA

State

NE

Zip Code

68164-5110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	9

Transaction ID: SA11.13202956

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. LOUIS P. CIAMILLO

Mailing Address 395 E SHORELINE DR

City

NORTH AUGUSTA

State

SC

Zip Code

29841-5461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: SA11.13224969

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM CINNAMOND

Mailing Address 11201 WEDGE DR

City

RESTON

State

VA

Zip Code

20190-4833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: SA11.13227776

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ZULMA CINTRON

Mailing Address 8000 RED BUG LAKE RD  
STE 210

City

OVIEDO

State

FL

Zip Code

32765-9265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	9

Transaction ID: SA11.13206792

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD E. CIRCLE

Mailing Address 723 E MONROE AVE

City

ORANGE

State

CA

Zip Code

92867-5714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: SA11.13227577

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. NAOMI R. CLADY

Mailing Address 1140 LAVINA AVE

City

BUCYRUS

State

OH

Zip Code

44820-3036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

614.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	9

Transaction ID: SA11.13238251

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

675.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. AMY CLARK

Mailing Address 11515 GRIMES AVE

City

PEARLAND

State

TX

Zip Code

77584-5620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: SA11.13216477

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DOLORES S. CLARKE

Mailing Address 6771 HEATH CT

City

CARLSBAD

State

CA

Zip Code

92011-3318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: SA11.13234186

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWARD P. CLARKE

Mailing Address 50 LEDGE RD  
APT 127

City

DARIEN

State

CT

Zip Code

06820-4499

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: SA11.13217574

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

360.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JEFFREY CLARK

Mailing Address 1550 BOYSON RD

City

HIAWATHA

State

IA

Zip Code

52233-2362

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LINN COUNTY ANESTHESIOLOG-  
ISTSOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	9

Transaction ID: SA11.13204855

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LANCE E. CLARK

Mailing Address 708 FOXWOOD COURT WEST

City

GRAND JUNCTION

State

CO

Zip Code

81507-8765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SKYDANCE HELICOPTORSOccupation  
PILOT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: SA11.13224201

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LEROY R. CLARK

Mailing Address 4045 OPHIE DR NE

City

MARIETTA

State

GA

Zip Code

30066-2329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13217145

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD G. CLARK

Mailing Address P.O. BOX 655

City

CAZENOVIA

State

NY

Zip Code

13035-0655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13232740

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ROBERT T. CLARK

Mailing Address 7575 GRAND RIVER RD  
SUITE 111

City

BRIGHTON

State

MI

Zip Code

48114-9390

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230728

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROGER W. CLARK

Mailing Address 933 RADCLIFFE AVENUE

City

BAKERSFIELD

State

CA

Zip Code

93305-1127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13234876

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

730.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

REV. WILLIAM T. CLARKE

Mailing Address 5133 NEWLANDS RD

City

COLUMBIA

State

NC

Zip Code

27925-8547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216940

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALDEN W. CLAUSEN

Mailing Address 35 ASTER AVE  
11TH FL

City

HILLSBOROUGH

State

CA

Zip Code

94010-6442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240545

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN R. CLAYTON

Mailing Address 23716 W. 53RD ST.

City

SHAWNEE

State

KS

Zip Code

66226-2846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238288

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. BETTY CLINE

Mailing Address 211 MILSTEAD WAY

City

GREENVILLE

State

SC

Zip Code

29615-5330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231188

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. POLY CLINE

Mailing Address 23017 KOBBS RD

City

TOMBALL

State

TX

Zip Code

77377-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

379.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202961

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ELIZABETH M. CLINTON

Mailing Address P.O. BOX 550

City

ANDOVER

State

NJ

Zip Code

07821-0550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215574

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LT. COL. CLYDE R. CLOAR

Mailing Address 1976 HEIDELBERG DR

City

MT PLEASANT

State

SC

Zip Code

29464-3965

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214416

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN CLOUD

Mailing Address 17204 SILVER CHARM PL

City

LEESBURG

State

VA

Zip Code

20176-7153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLOUD & CO., LLC

Occupation  
GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236902

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM CLYDE

Mailing Address 2623 PEBBLE DAWN

City

SAN ANTONIO

State

TX

Zip Code

78232-4133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DPT. LABORATORIES LTD.

Occupation  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207475

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
DR RYAN CMEJREK

Mailing Address 99 E 86TH AVE  
SUITE #A

City State Zip Code  
MERRILLVILLE IN 46410-6267

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216890

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MRS. MARY COATES

Mailing Address 6416 S QUEBEC AVE

City State Zip Code  
TULSA OK 74136-1611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229791

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MRS. VIRGINIA COATS

Mailing Address 20690 KELFIELD DR

City State Zip Code  
WALNUT CA 91789-3867

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

289.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13221553

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MS. ELEANOR COBB

Mailing Address 131 S. VISTA STREET

City State Zip Code  
LOS ANGELES CA 90036-2707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205282

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. HENRY D. COBB

Mailing Address 603 HORSESHOE CURY

City State Zip Code  
PIKE ROAD AL 36064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13221300

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. HENRY D. COBB

Mailing Address 603 HORSESHOE CURY

City State Zip Code  
PIKE ROAD AL 36064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238173

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH COBB

Mailing Address 61279 FIELD RD.

City

ANGIE

State

LA

Zip Code

70426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COBBS ACCOUNTING SERVICES

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217457

Amount of Each Receipt this Period

115.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JEANNE G. COBETTO

Mailing Address 760 PINETREE RD

City

PITTSBURGH

State

PA

Zip Code

15243-1058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216788

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DONNA F. COBLE

Mailing Address 311 S SUNSET BLVD

City

GULF BREEZE

State

FL

Zip Code

32561-4247

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218498

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

495.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BOBBY W. COBURN

Mailing Address 23781 US HIGHWAY 27  
UNIT 350City State Zip Code  
LAKE WALES FL 33859-7802FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYED

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	9	

Transaction ID: SA11.13231822

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR RADU CODEL

Mailing Address 968 RIVER RD  
STE 2City State Zip Code  
EDGEWATER NJ 07020-2237FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	9	

Transaction ID: SA11.13217247

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LEE CODY

Mailing Address P.O. BOX 100

City State Zip Code  
INOLA OK 74036-0100FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	9	

Transaction ID: SA11.13215909

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TONY CODY

Mailing Address 4232 S. 176TH STREET

City

OMAHA

State

NE

Zip Code

68135-3607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONCENTRIC CORPORATION

Occupation  
IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13212795

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

TONY CODY

Mailing Address 4232 S. 176TH STREET

City

OMAHA

State

NE

Zip Code

68135-3607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONCENTRIC CORPORATION

Occupation  
IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236391

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ANCIL E. COGBURN

Mailing Address 145 WILD PLUM LANE

City

KOOSKIA

State

ID

Zip Code

83539-5172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241117

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

235.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. BARBARA G. COKER

Mailing Address 33136 STATE HIGHWAY 44

City

SHINGLETOWN

State

CA

Zip Code

96088-9797

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228807

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. IRENE E. COLDWELL-LOPEZ

Mailing Address 3475 LYON DR.  
APT. 50

City

LEXINGTON

State

KY

Zip Code

40513-1131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224873

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. IRENE E. COLDWELL-LOPEZ

Mailing Address 3475 LYON DR.  
APT. 50

City

LEXINGTON

State

KY

Zip Code

40513-1131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227519

Amount of Each Receipt this Period

130.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

490.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JAMES COLE

Mailing Address 8141 S EMERSON AVE  
STE A

City State Zip Code  
INDIANAPOLIS IN 46237-8561

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MYORTHOTEAM.COM

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217434

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LISA COLEMAN

Mailing Address 8130 WESTHILL DR

City State Zip Code  
CHAGRIN FALLS OH 44023-4614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242533

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CORBETT W. COLICHER

Mailing Address 4313 KYLEWOOD CT

City State Zip Code  
PORT ARTHUR TX 77642-6420

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
C.JOHNIE ON THE SPOT

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245624

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FRANCISCO COLLAZO

Mailing Address 6726 ODEYSSEY DRIVE

City

HUNTSVILLE

State

AL

Zip Code

35806-3302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COLLAZO ENTERPRISES, INC.

Occupation

OWNER / CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13223920

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JOSEPH A. COLLETTA

Mailing Address 670 GLADES RD  
# 300

City

BOCA RATON

State

FL

Zip Code

33431-6464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217458

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KEVIN R. COLLINS

Mailing Address 7938 CICERO COURT

City

LITTLETON

State

CO

Zip Code

80125-1831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207054

Amount of Each Receipt this Period

720.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5820.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. M THOMAS COLLINS

Mailing Address 206 DEERFIELD LN

City

FRANKLIN

State

TN

Zip Code

37069-6011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215112

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MONTI COLLINS

Mailing Address PO BOX 955

City

BENTON

State

KY

Zip Code

42025-0955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIRST KENTUCKY BANK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

BANK MANAGER

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13209383

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DAVID COLLON

Mailing Address 860 ARDMOOR DR

City

BLOOMFIELD HILLS

State

MI

Zip Code

48301-2150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223595

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LEATRICE L. COLSTEN

Mailing Address 641 OLD STATE RD  
BLDG NJ-J

City State Zip Code  
BINGHAMTON NY 13904-2614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13229227

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. PETER M. COLUCIO

Mailing Address 1 DIAMOND HILL RD

City State Zip Code  
BERKELEY HEIGHTS NJ 07922-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUMMIT MEDICAL GROUP

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207038

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JOY E. COMER

Mailing Address 3150 MITCHELL HEIGHTS DR

City State Zip Code  
EUREKA CA 95503-9732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227605

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

420.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROGER E. COMLEY

Mailing Address 141 SETON HILL RD

City

WILLIAMSBURG

State

VA

Zip Code

23188-1579

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217731

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY B. COMPTON

Mailing Address P.O. BOX 49

City

MEANS

State

KY

Zip Code

40346-0049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BONEAL

Occupation  
DIRECTOR OF BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13232213

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROGR P. CONANT

Mailing Address 4 FISHING EAGLE COURT

City

FERNANDINA BEACH

State

FL

Zip Code

32034-4948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236859

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LARRY L. CONGER

Mailing Address PO BOX 1069

City

LEBANON

State

OH

Zip Code

45036-5069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
G/C CONTRACTING CORP.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: SA11.13229533

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KEN CONLEY

Mailing Address 6979 GATES ROAD

City

COATESMILLS

State

OH

Zip Code

44040-9666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAINSAIL CONSULTING COMPA-  
NY

Occupation

PARTNER/OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	9

Transaction ID: SA11.13207307

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

SIDNEY CONN

Mailing Address 2216 2ND AVE N

City

BIRMINGHAM

State

AL

Zip Code

35203-3806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Transaction ID: SA11.13227201

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2025.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALFRED H. CONNELLEE

Mailing Address 250 DALE DR

City

SHORT HILLS

State

NJ

Zip Code

07078-1513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226486

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DANIEL CONNEALY

Mailing Address 2108 W 114TH ST

City

LEAWOOD

State

KS

Zip Code

66211-3060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231090

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARY NELL CONNELL

Mailing Address 105 HEATHERWOOD COVE

City

JACKSON

State

TN

Zip Code

38305-8846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235361

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARY NELL CONNELL

Mailing Address 105 HEATHERWOOD COVE

City

JACKSON

State

TN

Zip Code

38305-8846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243283

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MAXINE L. CONNER

Mailing Address 133 DUBLIN CT

City

PETALUMA

State

CA

Zip Code

94952-7521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13247377

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WALTER E. CONNELL

Mailing Address 10351 METCALF RD

City

KENOCKEE

State

MI

Zip Code

48006-2519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216759

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARIA H. CONNOR

Mailing Address 36 ALLERTON ST

City

BROOKLINE

State

MA

Zip Code

02445-7726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE FIELDS LLC

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207144

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. THOMAS J. CONNOLLY

Mailing Address 2121 PARK ST

City

JACKSONVILLE

State

FL

Zip Code

32204-3811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202880

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CARY CONOVER

Mailing Address 604 SOUTH CHESTNUT STREET

City

TREMONT

State

IL

Zip Code

61568-8578

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAWSON SOFTWARE

Occupation  
PRINCIPAL SYSTEMS CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229469

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

760.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ADRIENE CONRAD

Mailing Address 7 KIMLIN COURT

City

POUGHKEEPSIE

State

NY

Zip Code

12603-4735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTH RIVER ABSTRACT CORP-  
ORATI

Occupation

OWNER OF TITLE INSURANCE AGENC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: SA11.13229496

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVE C. CONRAD

Mailing Address 25360 BECKY LN

City

LOS ALTOS HILLS

State

CA

Zip Code

94022-4586

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	9

Transaction ID: SA11.13206318

Amount of Each Receipt this Period

310.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVE C. CONRAD

Mailing Address 25360 BECKY LN

City

LOS ALTOS HILLS

State

CA

Zip Code

94022-4586

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Transaction ID: SA11.13230007

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

710.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MRS. KATHERINE E. CONSTABLE

Mailing Address 2133 RICHMOND RD

City State Zip Code  
TROY VA 22974-3730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217487

Amount of Each Receipt this Period

160.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. JOHN COOK

Mailing Address 1408 WINSTED DRIVE

City State Zip Code  
FALLSTON MD 21047-2215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209814

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
DR PHILIP COOK

Mailing Address 800 HERITAGE DR  
# 820

City State Zip Code  
POTTSTOWN PA 19464-9220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COVENTRY PEDIATRICS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217235

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

560.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JERRY L. COOPER

Mailing Address 6160 OLD HICKORY POINT NW

City

ATLANTA

State

GA

Zip Code

30328-3617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ATLANTA DERMATOLOGY & SUR-  
GR

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	0	9

Transaction ID: SA11.13212807

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PETER H. COORS

Mailing Address 15205 W 32ND AVE

City

GOLDEN

State

CO

Zip Code

80401-1312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOLSON COORS BREWING COMP-  
ANY

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	9

Transaction ID: SA11.13213781

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT M. COPE

Mailing Address 1015 N. 122ND ST.

City

OMAHA

State

NE

Zip Code

68154-1409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WEED COPE, INC.

Occupation

CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: SA11.13220971

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

10200.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
LAMMOT COPELAND

Mailing Address P.O. BOX 1992

City State Zip Code  
WILMINGTON DE 19899-1992

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ASSOCIATES INTERNATIONAL  
INC

Occupation  
BUS EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219603

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. RALPH P. COPPOLA

Mailing Address P.O. BOX 446

City State Zip Code  
WILSON WY 83014-0446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222966

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MS. ROSALIE COPSEY

Mailing Address 116 MOONRAKER DRIVE

City State Zip Code  
SLIDELL LA 70458-5521

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217741

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

655.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ROBERT J. CORDES

Mailing Address 2240 RIDGEWOOD RD  
STE 100

City State Zip Code  
READING PA 19610-1286

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHILDREN'S CLINIC OF WYOM-  
ISSING

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216673

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HENRY G. COREY

Mailing Address 80 HEREFORD RD

City State Zip Code  
BRONXVILLE NY 10708-5417

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13213511

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BILL D. CORNELIUS

Mailing Address 221 RACCOON RUN

City State Zip Code  
POWELL OH 43065-9355

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13232919

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

730.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BILL D. CORNELIUS

Mailing Address 221 RACCOON RUN

City

POWELL

State

OH

Zip Code

43065-9355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13242745

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD A. CORREIA

Mailing Address 5520 GUNN HWY APT 215

City

TAMPA

State

FL

Zip Code

33624-4198

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HILLSBOROUGH COUNTY FIRE  
RESCUE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PARAMEDIC

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223618

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. OCTAVIO COSME

Mailing Address 4805 49TH ST N

City

ST PETERSBURG

State

FL

Zip Code

33709-3859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BAY AREA HEART CENTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206346

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

610.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JANET R. COSTIN

Mailing Address 1519 W WOODSIDE DR

City

DUNLAP

State

IL

Zip Code

61525-9512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CATERPILLAR, INC.

Occupation

HR PROFESSIONAL SUPPORTING COMPUTER SY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209574

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. HOWARD COTLER

Mailing Address 1200 BINZ ST  
# 970

City

HOUSTON

State

TX

Zip Code

77004-6946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217406

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH C. COTRONEO

Mailing Address 155 W MERRICK RD  
SUITE 101

City

FREEPORT

State

NY

Zip Code

11520-3743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236102

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DENISE COTTINGHAM

Mailing Address 30600 OAKLEAF LN

City

FRANKLIN

State

MI

Zip Code

48025-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

TRAVEL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242554

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD F. COTTRELL

Mailing Address 31301 PASEO NOGAL

City

SAN JUAN CAPO

State

CA

Zip Code

92675-2248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239892

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GARY COUGHLAN

Mailing Address 1135 CENTRAL ROAD

City

GLENVIEW

State

IL

Zip Code

60025-4432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209628

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

685.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JUDITH M. COURI

Mailing Address 1215 SEITZ DR

City

WAUKESHA

State

WI

Zip Code

53186-6745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COURI INSURANCE & TAX SER-  
VICE

Occupation

C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217473

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GREGORY COUTU

Mailing Address 581 TAMPICO RD

City

DANVILLE

State

VT

Zip Code

05828-9442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED PARCEL SERVICE

Occupation

PACKAGE CAR DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13212261

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. FREDERICK L. COX

Mailing Address 6851 SE 143RD CT

City

MORRISTON

State

FL

Zip Code

32668-5137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224175

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. FREDERICK L. COX

Mailing Address 6851 SE 143RD CT

City

MORRISTON

State

FL

Zip Code

32668-5137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13247233

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES COX

Mailing Address 12108 GOLDEN HARVEST DR

City

FORT WAYNE

State

IN

Zip Code

46845-8995

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
CHIROPRACTIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13247051

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARION L. COX

Mailing Address 494 OAKMONT DRIVE

City

MYRTLE BEACH

State

SC

Zip Code

29579-7285

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13212258

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

585.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM D. COYNE

Mailing Address 7208 HEATHERTON CIR

City

EDINA

State

MN

Zip Code

55435-4117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216483

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. LESTER CRANCER

Mailing Address 390 MAPLE SUMMIT RD

City

JERSEYVILLE

State

IL

Zip Code

62052-2000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ILLINI MEDICAL ASSOC

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217148

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. LESTER CRANCER

Mailing Address 390 MAPLE SUMMIT RD

City

JERSEYVILLE

State

IL

Zip Code

62052-2000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ILLINI MEDICAL ASSOC

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230722

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. GEORGE CRANE

Mailing Address 3801 NE 207TH ST  
APT 2001

City State Zip Code  
MIAMI FL 33180-3797

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240448

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JERRY DEAN CRATER

Mailing Address 1970 S. TUMBLEWEED LANE

City State Zip Code  
CHANDLER AZ 85286-7018

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231055

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JERRY DEAN CRATER

Mailing Address 1970 S. TUMBLEWEED LANE

City State Zip Code  
CHANDLER AZ 85286-7018

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240391

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. PHILLIP R. CRAVEN, JR.

Mailing Address 26332 WILLOUGHBY WAY

City

BOERNE

State

TX

Zip Code

78006-8424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13212246

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. PHILLIP R. CRAVEN, JR.

Mailing Address 26332 WILLOUGHBY WAY

City

BOERNE

State

TX

Zip Code

78006-8424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225944

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THEODORE F. CRAVER

Mailing Address 6 INDIAN HILL LANE

City

HILTON HEAD ISLAND

State

SC

Zip Code

29926-1259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13243751

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

385.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DON O. CRAWFORD

Mailing Address 49 RUTLAND SQUARE

City

BOSTON

State

MA

Zip Code

02118-3105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FUNDING RESOURCES

Occupation

FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13220948

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. PATRICIA CRAWFORD

Mailing Address 356 TOPAZ ST.

City

REDWOOD CITY

State

CA

Zip Code

94062-2934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220560

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR R. CREAGER

Mailing Address 139 RIVER PATH LN

City

MC QUEENEY

State

TX

Zip Code

78123-3232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230160

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES R. CRELOUTGER

Mailing Address 660 CAMINO DE LOS MARES  
UNIT 211

City State Zip Code  
SAN CLEMENTE CA 92673-1807

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217416

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BETTY J. CRISAFI

Mailing Address 31220 ROXBURY PARK DR.

City State Zip Code  
BAY VILLAGE OH 44140-1079

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236690

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA L. CRISLER

Mailing Address 5284 BARDWELL AVENUE

City State Zip Code  
RIVERSIDE CA 92506-1517

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13227194

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

235.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

R CARTER CRITTENDEN

Mailing Address 2284 IVY CREST LANE SE

City

SMYRNA

State

GA

Zip Code

30080-6647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207736

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BILL CROCKER

Mailing Address 9166 SUTER ROAD

City

PLYMOUTH

State

IN

Zip Code

46563-8326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13206914

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ANN M. CRONKHITE

Mailing Address 1228 S. WALL STREET

City

SPOKANE

State

WA

Zip Code

99204-3748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214604

Amount of Each Receipt this Period

5.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ANN M. CRONKHITE

Mailing Address 1228 S. WALL STREET

City

SPOKANE

State

WA

Zip Code

99204-3748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222086

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ANN M. CRONKHITE

Mailing Address 1228 S. WALL STREET

City

SPOKANE

State

WA

Zip Code

99204-3748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13234271

Amount of Each Receipt this Period

5.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ANN M. CRONKHITE

Mailing Address 1228 S. WALL STREET

City

SPOKANE

State

WA

Zip Code

99204-3748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240930

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

35.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CAROL W. CROOK

Mailing Address 10 TANEWOOD CT

City

BELLEVILLE

State

IL

Zip Code

62223-3948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13216138

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DENNIS CROSS

Mailing Address 25 EAST 86TH STREET

City

NEW YORK

State

NY

Zip Code

10028-0553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13237725

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. GEORGE CROSSLEY

Mailing Address 222 22ND AVE N  
# 400

City

NASHVILLE

State

TN

Zip Code

37203-1831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13206986

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

540.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. GEORGE CROSSLEY

Mailing Address 222 22ND AVE N  
# 400

City State Zip Code  
NASHVILLE TN 37203-1831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246992

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DANIEL L. CROTTY

Mailing Address 182 MONTCLAIR DRIVE

City State Zip Code  
VENTURA CA 93003-1229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13234875

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAN L. CROUCH

Mailing Address PO BOX 237

City State Zip Code  
STRASBURG CO 80136-0237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13232119

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DANIEL H. CROW

Mailing Address 3637 STRATFORD AVENUE

City

DALLAS

State

TX

Zip Code

75205-2810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CROW HOLDINGS

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13251775

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HOWARD D. CROW

Mailing Address 4524 PARK LANE

City

DALLAS

State

TX

Zip Code

75220-2023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CROW HOLDINGS

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13251777

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. KATHY CROW

Mailing Address 4700 PRESTON ROAD

City

DALLAS

State

TX

Zip Code

75205-3712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13251772

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

91200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT NATHANIEL CROW

Mailing Address 2726 CONNECTICUT AVENUE NW #501

City

WASHINGTON

State

DC

Zip Code

20008-5322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOUSE ENERGY AND COMMERCE  
COMMITTEE

Occupation  
STAFFER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13251776

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FLOYD E. CROWDER

Mailing Address P.O. BOX 167

City

COLUMBIA

State

IL

Zip Code

62236-0167

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CROWDER & SCOGGINS LTD

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233057

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FLOYD E. CROWDER

Mailing Address P.O. BOX 167

City

COLUMBIA

State

IL

Zip Code

62236-0167

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CROWDER & SCOGGINS LTD

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240428

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

30600.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 231 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MS. MIKI CROWL

Mailing Address 438 S SCHUYLER ST

City	State	Zip Code
OTTUMWA	IA	52501-5024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AVONOccupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	0	9

Transaction ID: SA11.13242528

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MRS. ALISON ATKINS CROWTHERMailing Address 333 TEXAS STREET  
SUITE 2300

City	State	Zip Code
SHREVEPORT	LA	71101-3680

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	9

Transaction ID: SA11.13250472

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
DR. BRET C. CRUMPTONMailing Address 2616 WARM SPRINGS RD  
# B

City	State	Zip Code
COLUMBUS	GA	31904-5688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	9

Transaction ID: SA11.13207031

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2900.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. BRET C. CRUMPTON

Mailing Address 2616 WARM SPRINGS RD  
# B

City State Zip Code  
COLUMBUS GA 31904-5688

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246989

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LINDSAY CRUMP

Mailing Address 20550 HUEBNER RD. #218

City State Zip Code  
SAN ANTONIO TX 78258-3967

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation

NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13227212

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ERNESTO CRUZ

Mailing Address 251 CRANDON BLVD APT 307

City State Zip Code  
KEY BISCAWAY FL 33149-1507

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BAE FLORIDA BANK

Occupation

BANK DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236786

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD F. CUMMINGS

Mailing Address 2710 STEEPLECHASE COURT

City

TEMPLE

State

TX

Zip Code

76502-7115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214365

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TOM CUMMINS

Mailing Address 2711 S 3RD ST

City

TERRE HAUTE

State

IN

Zip Code

47802-3567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
APPLE HOUSE IINC

Occupation  
RETAIL BUSINESS HOUSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216731

Amount of Each Receipt this Period

360.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT H. CUNNINGHAM

Mailing Address 321 N GLENHURST DR

City

BLOOMFIELD

State

MI

Zip Code

48301-2636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244528

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE M. CUNYUS

Mailing Address P.O. BOX 185

City

KILGORE

State

TX

Zip Code

75663-0185

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2119.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224876

Amount of Each Receipt this Period

910.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DEBORAH J. CURBEY

Mailing Address 8950 LA DONA CT

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-3319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRIZETTO

Occupation  
EXECUTIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246986

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. MICHAEL CURRAN

Mailing Address 825 WASHINGTON STREET  
SUITE 360

City

NORWOOD

State

MA

Zip Code

02062-3486

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASSOCIATES IN UROLOGY, IN-  
C.

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225935

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1330.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. RAYMOND G. CURRY, JR.**

Mailing Address **3713 TEMPLETON PL**

City State Zip Code  
**ALEXANDRIA VA 22304-1837**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**S M C CONCRETE CONSTRUCTI-  
ON**

Occupation  
**EXECUTIVE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 01 / 2009**

Transaction ID: SA11.13205773

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**WILLIAM A. CURRY**

Mailing Address **4304 BONWOOD DR.**

City State Zip Code  
**BIRMINGHAM AL 35243-1604**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 01 / 2009**

Transaction ID: SA11.13205781

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. LAWRENCE B. CURTIS**

Mailing Address **2819 LAKESIDE DRIVE**

City State Zip Code  
**MONTGOMERY TX 77356-8005**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**12 / 18 / 2009**

Transaction ID: SA11.13228198

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**350.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SUZANNE A. CURTIS

Mailing Address P.O. BOX 60

City

ATTICA

State

IN

Zip Code

47918-0060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13238679

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. FRANK CUSTURERI

Mailing Address 3355 BURNS RD STE 206

City

PALM BEACH GARDENS

State

FL

Zip Code

33410-4356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230719

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN M. D'ANDREA

Mailing Address 2184 TERRACE PL

City

SEA GIRT

State

NJ

Zip Code

08750-1816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222958

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN D'APRILE

Mailing Address 47 LANTERN RD

City

REVERE

State

MA

Zip Code

02151-5617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231564

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS A. D'AURIA

Mailing Address 174 RUTLEDGE AVE

City

HAWTHORNE

State

NY

Zip Code

10532-1502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION METHODS INC.

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215200

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD DAFFINSON

Mailing Address N20902 DAFFINSON LN

City

ETTRICK

State

WI

Zip Code

54627-9308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13223318

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD J. DAIGNAULT

Mailing Address 923 OLEANDER ST

City

LADY LAKE

State

FL

Zip Code

32159-2141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245216

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR ROGER DAINER

Mailing Address 5601 NORRIS CANYON RD  
SUITE # 130

City

SAN RAMON

State

CA

Zip Code

94583-5407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217732

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOE DAISA

Mailing Address 4112 NAGLE ST

City

BRYAN

State

TX

Zip Code

77801-3935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224206

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

460.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DOYLE C. DALE

Mailing Address P.O. BOX 297

City

POOLVILLE

State

TX

Zip Code

76487-0297

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226179

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. CHERYL DANCE

Mailing Address 9080 FOXWOOD DR S

City

TALLAHASSEE

State

FL

Zip Code

32309-9133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229504

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. KAREN A. DANIEL

Mailing Address 797 STOCKBRIDGE DR

City

CAROL STREAM

State

IL

Zip Code

60188-4740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RAINBOW ACADEMY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

BUSINESS OWNER

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218395

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. VIRGINIA DANIELSON

Mailing Address 7257 MAMOUTH STREET

City

ENGLEWOOD

State

FL

Zip Code

34224-9622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13245014

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM D. DANIELS

Mailing Address 30700 RIVER ROAD

City

ORANGE BEACH

State

AL

Zip Code

36561-3794

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224202

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES DARGAN

Mailing Address 6 RUNNING BRANCH DR

City

HAVELOCK

State

NC

Zip Code

28532-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217435

Amount of Each Receipt this Period

175.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES DARGAN

Mailing Address 6 RUNNING BRANCH DR

City

HAVELOCK

State

NC

Zip Code

28532-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228235

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. KEVIN F. DARR

Mailing Address 19343 SUNSHINE AVE

City

COVINGTON

State

LA

Zip Code

70433-8834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217502

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRANCIS DASHNAW

Mailing Address 116 NORTHSHORE DR.

City

CHERRYVILLE

State

NC

Zip Code

28021-8314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US AIRWAYS

Occupation  
INSTRUCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207554

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FRANCIS DASHNAW

Mailing Address 116 NORTHSHORE DR.

City

CHERRYVILLE

State

NC

Zip Code

28021-8314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US AIRWAYS

Occupation

INSTRUCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: SA11.13228221

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARTIN DAUGHERTY

Mailing Address 30927 COUNTY ROAD 12

City

FRESNO

State

OH

Zip Code

43824-9042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DAUGHERTY FARMS

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	9

Transaction ID: SA11.13242766

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DENNIS DAUTEL

Mailing Address 4930 ELDON DR. N

City

COLORADO SPRINGS

State

CO

Zip Code

80916-3378

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	9

Transaction ID: SA11.13218890

Amount of Each Receipt this Period

400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

485.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. TERRY DAVENPORT

Mailing Address 229 S 8TH ST

City

ST MARIES

State

ID

Zip Code

83861-1813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217031

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JOAN RUTH DAVIES

Mailing Address 288 LAKESHORE DR. W

City

LAKE QUIVIRA

State

KS

Zip Code

66217-8521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206332

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DWIGHT W. DAVIS

Mailing Address 33 CHESTNUT PL

City

DANVILLE

State

CA

Zip Code

94506-4542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236619

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

655.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HUBERT A. DAVIS, JR.

Mailing Address 3705 COMMODORE POINT CIR

City

MIDLOTHIAN

State

VA

Zip Code

23112-4647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222911

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES A. DAVIS

Mailing Address 6425 BELLAC ST

City

CORPUS CHRISTI

State

TX

Zip Code

78414-6126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CORPUS CHRISTY

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13238368

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOE DAVISON

Mailing Address 8200 W CENTRAL AVE  
SUITE 1

City

WICHITA

State

KS

Zip Code

67212-3661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204856

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH E. DAVIS

Mailing Address 21 S. LASENDA DRIVE

City

LAGUNA BEACH

State

CA

Zip Code

92651-6729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231118

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH S. DAVIS

Mailing Address 363 CARLTON PL

City

NAPLES

State

FL

Zip Code

34108-7510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208669

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH S. DAVIS

Mailing Address 363 CARLTON PL

City

NAPLES

State

FL

Zip Code

34108-7510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239844

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARILYN DAVIS

Mailing Address 4712 QUAIL CREEK DR

City

GREAT BEND

State

KS

Zip Code

67530-6836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L.D. DRILLING, INC.

Occupation

PRODUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233656

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. MARK P. DAVIS

Mailing Address 5501 BACKLICK RD  
# 105

City

SPRINGFIELD

State

VA

Zip Code

22151-3940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13225084

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. WONZA DAVIS

Mailing Address 1811 SE BROAD STREET

City

MURFREESBORO

State

TN

Zip Code

37130-5946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229514

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

235.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HARRY DAVLANTES

Mailing Address 2048 W PRATT BLVD

City

CHICAGO

State

IL

Zip Code

60645-4981

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13206775

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HARRY DAVLANTES

Mailing Address 2048 W PRATT BLVD

City

CHICAGO

State

IL

Zip Code

60645-4981

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224321

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. MARK H. DAWSON

Mailing Address 717 CURTIS DR

City

RAYNE

State

LA

Zip Code

70578-8311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202886

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DENNIS DAY

Mailing Address 11824 TR 259

City

MILLERSBURG

State

OH

Zip Code

44654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	4		2	0	0	9

Transaction ID: SA11.13237373

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES DAY

Mailing Address 1709 WAYNE AVE

City

DAYTON

State

OH

Zip Code

45410-1711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	0	9

Transaction ID: SA11.13244368

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LAURIE DAY

Mailing Address 2109 N. PARK ROAD

City

HOLLYWOOD

State

FL

Zip Code

33021-4302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	0	9

Transaction ID: SA11.13204992

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

675.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LAURIE DAY

Mailing Address 2109 N. PARK ROAD

City

HOLLYWOOD

State

FL

Zip Code

33021-4302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207354

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LAURIE DAY

Mailing Address 2109 N. PARK ROAD

City

HOLLYWOOD

State

FL

Zip Code

33021-4302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239993

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ENRIQUE M. DE CASTRO

Mailing Address 11750 SW BARNES RD  
STE 300

City

PORTLAND

State

OR

Zip Code

97225-5900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13221026

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL DE CLEVA

Mailing Address 350 N SAINT PAUL ST.  
STE 1625

City State Zip Code  
DALLAS TX 75201-4201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215276

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SUZANNE DE PALO

Mailing Address 54 GRAHAMPTON LN

City State Zip Code  
GREENWICH CT 06830-3862

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202938

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM DE ROSA

Mailing Address 100 MADISON AVE

City State Zip Code  
MORRISTOWN NJ 07960-6136

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13206984

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARILYN E. DEADY

Mailing Address 2500 COUNTRYSIDE LN  
APT B

City State Zip Code  
MONROE NC 28110-8165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13234229

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TOM DECK

Mailing Address PO BOX 195

City State Zip Code  
MANCHESTER VT 05254-0195

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202940

Amount of Each Receipt this Period

375.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL DECLEVA

Mailing Address 350 N SAINT PAUL ST.  
SUITE 1625

City State Zip Code  
DALLAS TX 75201-4259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240540

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY DECOUX

Mailing Address 43 WATER FRONT AVE

City

AUSTIN

State

TX

Zip Code

78734-5306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REVELOGIX, INC.

Occupation

PRESIDENT/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216795

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RONALD J. DEFELICE

Mailing Address 56 BOULDER VW

City

IRVINE

State

CA

Zip Code

92603-0410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JACKSON, DEMARCO ET AL

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224382

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. OSCAR DEGOA

Mailing Address 1311 W STATE ST

City

HASTINGS

State

MI

Zip Code

49058-8205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202935

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

610.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. RHONDA DEHAAN

Mailing Address 5005 RANCHO VERDE TRAIL

City

SAN DIEGO

State

CA

Zip Code

92130-5243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217265

Amount of Each Receipt this Period

310.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARK A. DELAGASSE

Mailing Address PO BOX 985

City

NACHES

State

WA

Zip Code

98937-0985

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206329

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WARREN G. DELAP

Mailing Address 1409 E BULLARD AVE

City

FRESNO

State

CA

Zip Code

93710-5802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13223943

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

430.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DAVID DELNOSTRO

Mailing Address 1326 EISENHOWER DR

City

SAVANNAH

State

GA

Zip Code

31406-3928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216571

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. MARJORIE J. DELO

Mailing Address 5630 JOHNSON RD

City

DELAVER

State

WI

Zip Code

53115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MERCY HEALTH SYSTEM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216880

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ERVIN DELOACH

Mailing Address 7208 HODGSON MEMORIAL DR

City

SAVANNAH

State

GA

Zip Code

31406-2512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204853

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ALFRED DEMARIA

Mailing Address 1202 MEDICAL CENTER DRIVE

City

WILMINGTON

State

NC

Zip Code

28401-7307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILMINGTON HEALTH ASSOCIA-  
TES

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13212970

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. KAREN DEMARIO

Mailing Address 350 DEVON RD

City

FAIRLESS HILLS

State

PA

Zip Code

19030-2242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202960

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN DEMMER

Mailing Address 24940 WARD STREET

City

DEARBORN

State

MI

Zip Code

48124-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13242687

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM DEMUTH

Mailing Address 3399 TRINDLE ROAD

City

CAMP HILL

State

PA

Zip Code

17011-4413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218557

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LOWELL D. DENTON

Mailing Address PO BOX 57

City

LYONS

State

IL

Zip Code

60534-0057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DENTON CARTAGE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

TRUCKING

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242556

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. NIXON EDWARD DENTON

Mailing Address 1709 LANTANA DRIVE

City

MINDEN

State

NV

Zip Code

89423-5103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217698

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. LINDA E. DERBER

Mailing Address PO BOX 699

City

HAYWARD

State

WI

Zip Code

54843-0699

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JOHNSON BAULE HAYWARD RD

Occupation

LOAN OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217150

Amount of Each Receipt this Period

410.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. EILEEN DEROLF

Mailing Address 12520 REFUGEE RD SW

City

PATASKALA

State

OH

Zip Code

43062-9412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217586

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. KIRTIBEN DESAI

Mailing Address 900 SYMPHONY STREET

City

LAKE FOREST

State

IL

Zip Code

60045-4232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230716

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

860.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MR. DON C. DESANTI

Mailing Address 1643 W VILLAGE WAY

City State Zip Code  
TEMPE AZ 85282-4444

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
REAL ESTATE CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13242875

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MRS. MARY C. DEUSENBERY

Mailing Address 1 MILL ST

City State Zip Code  
COHOCTON NY 14826-9405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13216286

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. CHARLES DEVANEY

Mailing Address 2909 ROSEFIELD DR

City State Zip Code  
HOUSTON TX 77080-2607

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207375

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 259 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOSEPH J. DEVENUTO

Mailing Address 1700 S. OCEAN BLVD. 18-C

City

LAUDERDALE BY THE

State

FL

Zip Code

33062-7819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

OPHTHALMOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13247427

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JOAN W. DEVINE

Mailing Address 2212 WILBORN AVE

City

SOUTH BOSTON

State

VA

Zip Code

24592-1630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204792

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JACK J. DEVITA

Mailing Address 807 N HADDON AVE  
STE 201

City

HADDONFIELD

State

NJ

Zip Code

08033-1749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217422

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARY ANN DEZIEL

Mailing Address 4540 HOLLY LN N

City

MINNEAPOLIS

State

MN

Zip Code

55446-2002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220568

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FAUSTO DIAZ

Mailing Address 9330 NW 110TH AVE

City

MEDLEY

State

FL

Zip Code

33178-2519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228664

Amount of Each Receipt this Period

320.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROCCO DIBRUNO

Mailing Address 12 N. DEER PL

City

HAINESPORT

State

NJ

Zip Code

08036-4828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THORNBURG INVESTMENT MANA-  
GEMENT

Occupation  
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206400

Amount of Each Receipt this Period

310.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

730.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL M. DICKSON

Mailing Address P.O. BOX 51367

City

SHREVEPORT

State

LA

Zip Code

71135-1367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	9

Transaction ID: SA11.13250459

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

FRANK DIDERO

Mailing Address 4714 158TH ST

City

FLUSHING

State

NY

Zip Code

11358-3627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ATTORNEY

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: SA11.13232573

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN M. DIMKE

Mailing Address 4031 ASOTIN CREEK RD

City

ASOTIN

State

WA

Zip Code

99402-9756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GUY BENNETT LUMBER COMPAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SAWMILL FOREMAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216836

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1450.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. KATE M. DIMMITT

Mailing Address 3503 WHITE OAK DR.

City

TEMPLE

State

TX

Zip Code

76502-3605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: SA11.13224825

Amount of Each Receipt this Period

215.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD B. DINGER

Mailing Address 9100 POTOMAC WOODS LN

City

GREAT FALLS

State

VA

Zip Code

22066-4108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	9

Transaction ID: SA11.13244928

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID W. DINGLEY

Mailing Address 121 W 63RD ST.  
STE. 203

City

KANSAS CITY

State

MO

Zip Code

64113-1644

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN THERAPY ADMINIST-  
RATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
PRESIDENT

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: SA11.13225089

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

565.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. MICHAEL A. DITERESA

Mailing Address 425 HOLDERRIETH BLVD  
# 209

City State Zip Code  
TOMBALL TX 77375-4552

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13243600

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. THOMAS E. DITTMER

Mailing Address 1600 MORGAN ST

City State Zip Code  
KEOKUK IA 52632-3456

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PATHOLOGY SERVICES

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223724

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ROBERT P. DIZOR

Mailing Address PO BOX 18

City State Zip Code  
MARINETTE WI 54143-0018

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AURORA HEALTHCARE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216676

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 264 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD C. DODDS

Mailing Address 308 S NEIL ST

City

CHAMPAIGN

State

IL

Zip Code

61820-4914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1055.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207709

Amount of Each Receipt this Period

340.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MONA DODGEN

Mailing Address PO BOX 1449

City

BUNNELL

State

FL

Zip Code

32110-1449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229515

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. DODSON

Mailing Address 104 SKI CT

City

HAVELOCK

State

NC

Zip Code

28532-9388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224238

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 265 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DENNIS DOLLGALA

Mailing Address 5858 N SHERIDAN RD APT 1208

City

CHICAGO

State

IL

Zip Code

60660-4948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205555

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DENNIS DOLLGALA

Mailing Address 5858 N SHERIDAN RD APT 1208

City

CHICAGO

State

IL

Zip Code

60660-4948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222360

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN M. DOMAN, JR.

Mailing Address 3426 MILL RD

City

COLLEGEVILLE

State

PA

Zip Code

19426-1510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MOTOROLA CORP

Occupation  
ELECTRIC ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216838

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 266 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KENNETH DOMANIK

Mailing Address 2660 N. SUNROCK LN

City

TUCSON

State

AZ

Zip Code

85745-9625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LUNAR AND PLANETARY LABOR-  
ATORY

Occupation  
GEOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244601

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES DONAHUE

Mailing Address 1091 S DUTCH JOHN SPRING CT

City

GREEN VALLEY

State

AZ

Zip Code

85614-6210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217437

Amount of Each Receipt this Period

170.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

EDWARD J. DONNER

Mailing Address 3810 GRANT AVE

City

LOVELAND

State

CO

Zip Code

80538-8412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204854

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

870.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 267 / 1281

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. HELEN D. DONNELL

Mailing Address 11605 NE 10TH AVENUE

City

BISCAYNE PARK

State

FL

Zip Code

33161-6721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228170

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOHN DONNELLY

Mailing Address 126 DRAKE SMITH LANE

City

RYE

State

NY

Zip Code

10580-4316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JP MORGAN CHASE

Occupation  
HR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13205140

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. COLMA DOOLEY

Mailing Address 4141 TYNG WAY

City

CHARLOTTE

State

NC

Zip Code

28211-1935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228222

Amount of Each Receipt this Period

180.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CAPT. T. L. DOOLITTLE

Mailing Address 818 DALEY STREET

City

EDMONDS

State

WA

Zip Code

98020-3951

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220583

Amount of Each Receipt this Period

104.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROGER A. DORF

Mailing Address 13226 SHORE VISTA DR

City

AUSTIN

State

TX

Zip Code

78732-1608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CELITE SYSTEMS INC

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243278

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. VIRGINIA DORMAN

Mailing Address 6716 W DOVER TER

City

FORT WORTH

State

TX

Zip Code

76132-3582

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207444

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1354.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BENJAMIN L. DOSKOCIL

Mailing Address 5306 MANSFIELD ROAD

City

ARLINGTON

State

TX

Zip Code

76017-2754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6164.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210611

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BENJAMIN L. DOSKOCIL

Mailing Address 5306 MANSFIELD ROAD

City

ARLINGTON

State

TX

Zip Code

76017-2754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6164.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227969

Amount of Each Receipt this Period

164.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BENJAMIN L. DOSKOCIL

Mailing Address 5306 MANSFIELD ROAD

City

ARLINGTON

State

TX

Zip Code

76017-2754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6164.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13232233

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

6164.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 270 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JANE B. DOTY

Mailing Address 1601 HARBOR CAY LN

City

LONGBOAT KEY

State

FL

Zip Code

34228-3551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	9	

Transaction ID: SA11.13236156

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. NORMA DOTY

Mailing Address 10716 FARRAGUT HILLS BLVD

City

KNOXVILLE

State

TN

Zip Code

37934-4025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: SA11.13232492

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MISS LOUISE E. DOUGHERTY

Mailing Address 1112 N. BRADFORD AVENUE  
APARTMENT 328

City

PLACENTIA

State

CA

Zip Code

92870-3335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	9	

Transaction ID: SA11.13211859

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

235.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 271 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. CRAIG DOUGLAS

Mailing Address 4121 DUTCHMANS LN  
STE 410

City State Zip Code  
LOUISVILLE KY 40207-4733

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OPHTHALMOLOGY ASSOCIATES

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216544

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GERALD C. DOWN

Mailing Address 578 CRESTA VISTA LANE

City State Zip Code  
PORTOLA VALLEY CA 94028-7729

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SMITH BARNEY

Occupation  
STOCKBROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246007

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ERIKA DOWNEY

Mailing Address 3314 WEDDE ROAD

City State Zip Code  
BARNHART MO 63012-1862

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13232648

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 272 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JANA DREIER

Mailing Address N5850 WOLF RIVER RD

City

SHAWANO

State

WI

Zip Code

54166-6003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHARMACY

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216769

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. INA DREW

Mailing Address 50 FARMSTEAD ROAD

City

SHORT HILLS

State

NJ

Zip Code

07078-1225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JP MORGAN CHASE

Occupation

CHIEF INVESTMENT OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	9

Transaction ID: SA11.13208366

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR RANDALL DRYER

Mailing Address 6818 AUSTIN CENTER BLVD  
# 200

City

AUSTIN

State

TX

Zip Code

78731-3100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13217251

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2355.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 273 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. WALTER DUBE

Mailing Address 5651 FRIST BLVD  
SUITE 400

City State Zip Code  
HERMITAGE TN 37076-2058

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NASHVILLE BONE ANDJOINT

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230727

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FERDINAND DUDA

Mailing Address 2451 MIKLER RD

City State Zip Code  
OVIEDO FL 32765-9085

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13237684

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MILDRED Y. DUDLEY

Mailing Address 2530 WILLARD DR

City State Zip Code  
CHARLOTTESVILLE VA 22903-4231

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230893

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARK J. DUGOPOLSKI

Mailing Address 39381 MAGNOLIA TRCE

City

PONCHATOULA

State

LA

Zip Code

70454-6921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220168

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARK J. DUGOPOLSKI

Mailing Address 39381 MAGNOLIA TRCE

City

PONCHATOULA

State

LA

Zip Code

70454-6921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235515

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. RAE D. DUKE

Mailing Address 4301 S. PIERCE STREET  
APT 12B

City

LITTLETON

State

CO

Zip Code

80123-1386

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HORISON BAY

Occupation  
NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13244004

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

380.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. DULANY

Mailing Address 12310 ROSSLARE RIDGE RD.  
UNIT 407

City State Zip Code  
LUTHERVILLE TIMONI MD 21093-8211

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229461

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARK J. DUMMANN

Mailing Address 1661 1ST AVE

City State Zip Code  
GRAFTON WI 53024-2252

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EARTH TECH

Occupation  
CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202944

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES R. DUNATHAN

Mailing Address 142 OLD VINE WAY

City State Zip Code  
NAPA CA 94558-7029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SHELBY INSURANCE

Occupation  
INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209606

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES R. DUNATHAN

Mailing Address 142 OLD VINE WAY

City

NAPA

State

CA

Zip Code

94558-7029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SHELBY INSURANCE

Occupation

INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210698

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. F DUNAWAY

Mailing Address 350 THOMAS MORE PKWY  
# 200

City

CRESTVIEW HILLS

State

KY

Zip Code

41017-5460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206353

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LINDA C. DUNAWAY

Mailing Address 4666 WHEAT RIDGE ROAD

City

WEST UNION

State

OH

Zip Code

45693-9723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246541

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. GRANT M. DUNCAN

Mailing Address 1822 BEVERLY GLEN DRIVE

City

NORTH TUSTIN

State

CA

Zip Code

92705-3157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13237223

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JEANEANE B. DUNCAN

Mailing Address 306 SHADYWOOD RD

City

HOUSTON

State

TX

Zip Code

77057-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210159

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

HON. JOHN DUNCAN

Mailing Address P.O. BOX 2646

City

KNOXVILLE

State

TN

Zip Code

37901-2646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED STATES CONGRESS

Occupation  
REPUBLICAN REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13209388

Amount of Each Receipt this Period

655.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

780.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR TIMOTHY DUNIHO

Mailing Address 2000 E GREENVILLE ST  
STE 4500

City State Zip Code  
ANDERSON SC 29621-1762

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216725

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. LISA DUNKLE SCHEFFLER, M.D.

Mailing Address 12 RICHBOROUGH RD

City State Zip Code  
MADISON CT 06443-2530

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MERCK RESEARCH LABORATORI-  
ES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214161

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. CHARLES DUPIN

Mailing Address 1111 MEDICAL CENTER BOULEVARD  
# 640 SOUTH

City State Zip Code  
MARRERO LA 70072-3160

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241034

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MR. WILLIAM J. DURR

Mailing Address 752 GOLDEN HILL ROAD

City State Zip Code  
CORNWALLVILLE NY 12418-1207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224210

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. JAMES C. DUZAN

Mailing Address 810 W. 28TH STREET

City State Zip Code  
SEDALIA MO 65301-7923

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231190

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. JAMES C. DUZAN

Mailing Address 810 W. 28TH STREET

City State Zip Code  
SEDALIA MO 65301-7923

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240369

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GLEND A DWYER

Mailing Address 415 W GRANGEVILLE BLVD

City

HANFORD

State

CA

Zip Code

93230-2860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PG&E

Occupation

GAS SERVICE REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13237720

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PAUL R. DWYER

Mailing Address 2490 BLUFF MEADOWS DR SE

City

GRAND RAPIDS

State

MI

Zip Code

49546-7906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205602

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD DYER

Mailing Address 27 MAPLE AVE.  
APT. 19

City

GOFFSTOWN

State

NH

Zip Code

03045-1922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217273

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DR. TERRY F. DYNES**

Mailing Address **830 W. LAKEVIEW DRIVE**

City State Zip Code  
**BONITA SPGS FL 34134-7425**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**650.00**

Date of Receipt

**12 / 14 / 2009**

**Transaction ID: SA11.13218794**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**DR. TERRY F. DYNES**

Mailing Address **830 W. LAKEVIEW DRIVE**

City State Zip Code  
**BONITA SPGS FL 34134-7425**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**650.00**

Date of Receipt

**12 / 31 / 2009**

**Transaction ID: SA11.13245999**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. SCOTT EADY**

Mailing Address **RT 2 BOX 380**

City State Zip Code  
**DENVER CITY TX 79323**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FARMER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**285.00**

Date of Receipt

**12 / 31 / 2009**

**Transaction ID: SA11.13247607**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**150.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DR. JAMES EARLY**

Mailing Address **946 TUNNEL RD**

City State Zip Code  
**ASHEVILLE NC 28805-2025**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 18 / 2009**

Transaction ID: SA11.13224964

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. BERTHA A. EATON**

Mailing Address **P.O. BOX 158**

City State Zip Code  
**SUTTON MA 01590-0158**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation

RETAIL STORE OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**520.00**

Date of Receipt

**12 / 15 / 2009**

Transaction ID: SA11.13217320

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. BERTHA A. EATON**

Mailing Address **P.O. BOX 158**

City State Zip Code  
**SUTTON MA 01590-0158**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation

RETAIL STORE OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**520.00**

Date of Receipt

**12 / 23 / 2009**

Transaction ID: SA11.13235469

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**350.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HARRY G. EBELING

Mailing Address 456 LOOKOUT RIDGE

City

DAYTON

State

OH

Zip Code

45419-3814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PICKERAL SCHOOL FOR THE  
ELDERL

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241138

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ALICE M. EBLE

Mailing Address P.O. BOX 273

City

ANGOLA

State

IN

Zip Code

46703-0273

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246358

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MILDRED K. EBY

Mailing Address 62707 BEECH RD

City

MISHAWAKA

State

IN

Zip Code

46544-9487

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207402

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. NOREEN ECCLESTON

Mailing Address 9825 E HIGHWAY 252

City

GREENWOOD

State

AR

Zip Code

72936-9270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WEST WIND ASSOCIATES

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243311

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARY L. ECK

Mailing Address 1819 CAMBERLY RD

City

SAINT LOUIS

State

MO

Zip Code

63131-3818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226218

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID J. ECKES

Mailing Address PO BOX 3446  
STE 110

City

SPARKS

State

NV

Zip Code

89432-3446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DAVID J. ECKES ARCHITECT  
LTV

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217035

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JASON ECKFORD

Mailing Address 311 EDNAM DR

City

CHARLOTTESVILLE

State

VA

Zip Code

22903-4715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206401

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. PHYLLIS EDDINS

Mailing Address 5307 ALVIE ST

City

CHARLESTON

State

SC

Zip Code

29418-5801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13216016

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARJORIE C. EDDY

Mailing Address 20 BRAEBURN DRIVE

City

SAINT LOUIS

State

MO

Zip Code

63124-1608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13213656

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

155.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LOIS STILES EDGERLY

Mailing Address 32 HIGHLAND ST

City

CAMBRIDGE

State

MA

Zip Code

02138-2210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202911

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DICK EDMONDS

Mailing Address 3067 UNIONVILLE PIKE

City

HATFIELD

State

PA

Zip Code

19440-1822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219227

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DICK EDMONDS

Mailing Address 3067 UNIONVILLE PIKE

City

HATFIELD

State

PA

Zip Code

19440-1822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219934

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

355.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOHN EDMONSON

Mailing Address 8700 STONY POINT PKWY STE. 250

City

RICHMOND

State

VA

Zip Code

23235-1966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHILDREN'S UROLOGY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204790

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. J DICKSON EDSON, JR.

Mailing Address 1855 MARSHLAND ROAD

City

APALACHIN

State

NY

Zip Code

13732-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13223974

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES E. EDWARDS

Mailing Address P.O. BOX 1

City

FISHTAIL

State

MT

Zip Code

59028-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219588

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

555.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. R. D. EDWARDS

Mailing Address 110 LA CERRA DR

City

RANCHO MIRAGE

State

CA

Zip Code

92270-3811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244608

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. BJORN EEK

Mailing Address 901 CAMPUS DR. STE. 314

City

DALY CITY

State

CA

Zip Code

94015-4930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13225107

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. HOWARD M. EGGERS

Mailing Address 635 W 165TH ST  
RM 304

City

NEW YORK

State

NY

Zip Code

10032-3724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOWARD M EGGERS, MD

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229562

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES C. EGNEW

Mailing Address P.O. BOX 425

City

STEARNS

State

KY

Zip Code

42647-0425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OUTDOOR VENTURE CORP

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218083

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DONNA C. EGO

Mailing Address 1279 MOUNTAIN FIR COURT

City

SWEET HOME

State

OR

Zip Code

97386-1290

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230758

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE W. EHEGARTNER

Mailing Address P.O. BOX 2956

City

SYRACUSE

State

NY

Zip Code

13220-2956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225797

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1155.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. SHELBY EICH

Mailing Address 200 PILOT MEDICAL DR  
STE 100

City State Zip Code  
BIRMINGHAM AL 35235-3445

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EICH PLASTIC SURGERY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216907

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. HAZEL L. EICHELBERGER

Mailing Address 10273 GRAND VISTA DRIVE

City State Zip Code  
DAYTON OH 45458-4415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226615

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DANIEL G. EISMON

Mailing Address 695 SHASTEEN BEND DR.

City State Zip Code  
WINCHESTER TN 37398-4330

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13232624

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JOHANNA M. ELBERTSE

Mailing Address 390 GREYSTONE POINT CT

City

CLOVER

State

SC

Zip Code

29710-7037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206319

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HOPPER ELDRIDGE

Mailing Address 1535 SCOTT ST

City

LA MARQUE

State

TX

Zip Code

77568-5538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

GEOLOGIST, CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217403

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DIANE ELFES

Mailing Address 12220 NE 136TH PL

City

KIRKLAND

State

WA

Zip Code

98034-2230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242092

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

445.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JESSIE J. ELICKER

Mailing Address 8821 CANARSIE AVE

City

ORANGEVALE

State

CA

Zip Code

95662-4529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208878

Amount of Each Receipt this Period

5.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JESSIE J. ELICKER

Mailing Address 8821 CANARSIE AVE

City

ORANGEVALE

State

CA

Zip Code

95662-4529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219645

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. RUTH E. ELKINS

Mailing Address 401 BROOKSIDE DRIVE

City

CASEYVILLE

State

IL

Zip Code

62232-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13232687

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TOM V. ELLENBURG

Mailing Address PO BOX 484

City

ARAB

State

AL

Zip Code

35016-0484

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216732

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LEVIN ELLERTSON

Mailing Address 3109 BOXWOOD DR

City

BIRMINGHAM

State

AL

Zip Code

35216-4696

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13226733

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CECELIA SANTOS ELLISS

Mailing Address 1486 PRAIRIE HIGH RD

City

CASTLE ROCK

State

CO

Zip Code

80109-8008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13217799

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

860.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DANIEL C. ELLISON

Mailing Address 7785 N STATE ST  
SUITE 230

City State Zip Code  
LOWVILLE NY 13367-1229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LEWIS CTY GEN HOSPITAL

Occupation  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216553

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. DANIEL C. ELLISON

Mailing Address 7785 N STATE ST  
SUITE 230

City State Zip Code  
LOWVILLE NY 13367-1229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LEWIS CTY GEN HOSPITAL

Occupation  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13247345

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TERRY J. ELLIS

Mailing Address 1480 RIVERVIEW DR

City State Zip Code  
LIMA OH 45805-3918

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
T J ELLIS ENTERPRISES INC.

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216701

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 295 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ZENA S. ELLIS

Mailing Address 284 LAY HL

City

WALLINS CREEK

State

KY

Zip Code

40873-8824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13221850

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KIRWAN M. ELMERS

Mailing Address 1894 LAKE SHORE DR

City

COLUMBUS

State

OH

Zip Code

43204-4962

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236876

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DOROTHY PATRICIA ELSNIC

Mailing Address 2525 POT SPRING RD  
UNIT L429

City

LUTHERVILLE TIMONI

State

MD

Zip Code

21093-2779

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236504

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

195.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 296 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
DR. DAVID L. ELSON

Mailing Address 513 E. PLUM CREEK ROAD

City	State	Zip Code
SIoux FALLS	SD	57105-6950

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AVEVA HEALTHOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	9	

Transaction ID: SA11.13218896

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. THOMAS F. EMERSON

Mailing Address 18158 PARVO CT

City	State	Zip Code
SAN DIEGO	CA	92128-1301

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	8		2	0	9	

Transaction ID: SA11.13227438

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MS. MARTHA A. EMPSON

Mailing Address 817 E. 8TH STREET

City	State	Zip Code
CHADRON	NE	69337-2752

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	1		2	0	9	

Transaction ID: SA11.13227162

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

175.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. TIMOTHY N. ENDERS

Mailing Address 23 S MOORE STREET  
P.O. BOX 528

City State Zip Code  
ELIZABETHVILLE PA 17023-8479

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PHEAA

Occupation  
COMPUTER SYSTEMS ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244673

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. ENGEL

Mailing Address 7059 COBURN LANE

City State Zip Code  
JOHNSTON IA 50131-1253

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236450

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARCELLA ENGLER

Mailing Address 6915 TAYLORS VALLEY CREEK DRIV

City State Zip Code  
TEMPLE TX 76502-4218

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236719

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

470.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 298 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. GEORGE W. ENGLISH, III

Mailing Address 1002 TEXAS BLVD  
# 500

City State Zip Code  
TEXARKANA TX 75501-5117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217124

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PHILIP D. ENGLISH

Mailing Address 7350 BRIGHTSIDE RD

City State Zip Code  
BALTIMORE MD 21212-1011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BROVENTRE COMPANY

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235529

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TRAVIS EPES

Mailing Address 40 ELM LANE

City State Zip Code  
BRONXVILLE NY 10708-1938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JP MORGAN CHASE & CO.

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13209390

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JEANNE EPPING

Mailing Address 1154 E CLIFF DR

City

SANTA CRUZ

State

CA

Zip Code

95062-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236939

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SANDRA EPSTEIN

Mailing Address 738 N. QUAKER HILL ROAD

City

PAWLING

State

NY

Zip Code

12564-1623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
HORSE TRAINING/SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246033

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES L. ERICKSON

Mailing Address 4400 STONE WAY N.  
APARTMENT 102

City

SEATTLE

State

WA

Zip Code

98103-7484

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13229967

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. LARRY ERICKSON

Mailing Address 1409 E BRIGGSMORE AVE

City

MODESTO

State

CA

Zip Code

95355-2707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217511

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRED ERMEL

Mailing Address 11719 LAKE HOUSE DRIVE

City

NORTH PALM BEACH

State

FL

Zip Code

33408-3360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

909.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224871

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. EMILY EROCHE

Mailing Address P.O. BOX A

City

RACELAND

State

LA

Zip Code

70394-1301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231395

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

960.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 301 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM G. ESCHMANN, II

Mailing Address 15074 SUNSET LN

City

KING GEORGE

State

VA

Zip Code

22485-3238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216453

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA L. ESKRIDGE

Mailing Address 3216 ROCK HOLLOW ROAD

City

OKLAHOMA CITY

State

OK

Zip Code

73120-1928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13217309

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DAVID A. ESPOSITO

Mailing Address 1717 SHIPYARD BLVD  
STE 350

City

WILMINGTON

State

NC

Zip Code

28403-8022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216575

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

790.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 302 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM JOSEPH ESSLINGER

Mailing Address 1803 N. 34TH AVENUE

City

STONE PARK

State

IL

Zip Code

60165-1023

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
PARTYLITE WORLDWIDE

Occupation

ORDER FILLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: SA11.13228529

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM JOSEPH ESSLINGER

Mailing Address 1803 N. 34TH AVENUE

City

STONE PARK

State

IL

Zip Code

60165-1023

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
PARTYLITE WORLDWIDE

Occupation

ORDER FILLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	9

Transaction ID: SA11.13244854

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ANTONIO C. ESTEVE

Mailing Address 161 S. OLD ALICE RD.

City

BROWNSVILLE

State

TX

Zip Code

78520-7350

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: SA11.13209730

Amount of Each Receipt this Period

375.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

425.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. CRYSTAL L. ETZEL

Mailing Address 7301 BARBERRY LN

City

MANLIUS

State

NY

Zip Code

13104-1301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ONONGAGA COMM. COLLEGE

Occupation

COLLEGE PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13231811

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ANNABELLE EVERETT

Mailing Address 1631 SANDY LANE

City

HERMITAGE

State

PA

Zip Code

16148-6567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244603

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JIM BOB EVERETT

Mailing Address P.O. BOX 97

City

SAN SABA

State

TX

Zip Code

76877-0097

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209750

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

295.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHARLES E. EXLEY, JR.

Mailing Address 1 MARTIN PL

City

GROSSE POINTE

State

MI

Zip Code

48230-1950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209439

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. VIRGINIA W. EZELL

Mailing Address 672 CLINCH VALLEY ROAD

City

POWDER SPRINGS

State

TN

Zip Code

37848-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13231807

Amount of Each Receipt this Period

205.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. LOREN FAABORG

Mailing Address 23109 N PADARO CT

City

SUN CITY WEST

State

AZ

Zip Code

85375-1627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236084

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

605.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HERBERT N. FAINTICH

Mailing Address 24121 MARTINGALE WAY

City

TEHACHAPI

State

CA

Zip Code

93561-7235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215217

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. FRANCIS FALCK

Mailing Address 35 WASHINGTON ST  
100

City

MYSTIC

State

CT

Zip Code

06355-2816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13231790

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LLOYD A. FALCK

Mailing Address 1007 E 1400N RD

City

MELVIN

State

IL

Zip Code

60952-4036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208927

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THEODORE FALK

Mailing Address 48 DENISE DR.

City

KINNELON

State

NJ

Zip Code

07405-2951

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TEANECK ALLERGY ASSOCIATES

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216703

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JAMES FALSTROM

Mailing Address 503 COX DR

City

IRVING

State

TX

Zip Code

75062-3619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206322

Amount of Each Receipt this Period

410.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GAETANO T. FALZARANO

Mailing Address 6 ESTATES DR

City

COLONIA

State

NJ

Zip Code

07067-2626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RAINBOW ACADEMY CHILD CARE  
CEN

Occupation  
PRESIDENT/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244292

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

670.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. CHUNG FAN

Mailing Address 7 LOCKHERN DR

City

LIVINGSTON

State

NJ

Zip Code

07039-6224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216980

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. HERTA FANKHAUSER

Mailing Address 12932 HICKORY BRANCH ROAD

City

SANTA ANA

State

CA

Zip Code

92705-3491

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13237375

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL FARLEY

Mailing Address 3501 SAINT FRANCIS DR

City

WILMINGTON

State

NC

Zip Code

28409-6944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13213521

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL FARLEY

Mailing Address 3501 SAINT FRANCIS DR

City

WILMINGTON

State

NC

Zip Code

28409-6944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: SA11.13228343

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CAROL FARMER

Mailing Address 698 PINEY CREEK RD.

City

BELLVILLE

State

TX

Zip Code

77418-9622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Transaction ID: SA11.13231114

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. RICHARD S. FARO

Mailing Address 3370 BURNS RD  
# 206

City

PALM BEACH GARDENS

State

FL

Zip Code

33410-4327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FARO MOTTA MD, P.A.Occupation  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216650

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

550.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ANN L. FARRAH

Mailing Address P.O. BOX 3644

City

RANCHO SANTA FE

State

CA

Zip Code

92067-3644

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217285

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL H. FARRAR

Mailing Address 500 FORSYTHE AVENUE

City

MONROE

State

LA

Zip Code

71201-4010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217662

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LEE ANN FARRELL

Mailing Address 27833 10TH AVE S

City

DES MOINES

State

WA

Zip Code

98198-8218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207304

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J. FAST

Mailing Address 1253 MADISON RD

City

FOSTORIA

State

OH

Zip Code

44830-1632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220129

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CURLEY L. FAULK

Mailing Address 2301 KEENE DRIVE

City

SULPHUR

State

LA

Zip Code

70663-7209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13211848

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CURLEY L. FAULK

Mailing Address 2301 KEENE DRIVE

City

SULPHUR

State

LA

Zip Code

70663-7209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215898

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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FOR LINE NUMBER: PAGE 311 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LEONA FAULKNER

Mailing Address 332 WINONA DRIVE

City

MACHESNEY PARK

State

IL

Zip Code

61115-2403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218273

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. BARBARA A. FEAKES

Mailing Address 1 BERKSHIRE SQAURE  
APARTMENT 204

City

ADAMS

State

MA

Zip Code

01220-1301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208937

Amount of Each Receipt this Period

115.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT FEARN

Mailing Address 3611 3RD ST NE

City

MINNEAPOLIS

State

MN

Zip Code

55418-1114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAIRVIEW SOUTH VALE HOSPI-  
TAL

Occupation  
MEDICAL ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205727

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 312 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT FEARN

Mailing Address 3611 3RD ST NE

City

MINNEAPOLIS

State

MN

Zip Code

55418-1114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAIRVIEW SOUTH VALE HOSPI-  
TAL

Occupation

MEDICAL ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13232916

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. FRANCES B. FEDORA

Mailing Address 17822 ACACIA DR

City

NORTH FORT MYERS

State

FL

Zip Code

33917-2016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230804

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. FRANCES B. FEDORA

Mailing Address 17822 ACACIA DR

City

NORTH FORT MYERS

State

FL

Zip Code

33917-2016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241974

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

245.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 313 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN P. FEEHERY

Mailing Address 812 C. STREET SE

City

WASHINGTON

State

DC

Zip Code

20003-2120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE FEEHERY GROUP

Occupation

GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: SA11.13229875

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. A. H. FEIGE, JR.

Mailing Address 1000 NW 134TH ST

City

SEATTLE

State

WA

Zip Code

98177-4120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	9

Transaction ID: SA11.13242094

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. SEYMOUR H. FEIN

Mailing Address 476 CANOE HILL RD.

City

NEW CANAAN

State

CT

Zip Code

06840-3713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	9

Transaction ID: SA11.13244862

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 314 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. CHERYL G. FEKETE

Mailing Address 3041 EASTERN BLVD

City

MONTGOMERY

State

AL

Zip Code

36116-1517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217390

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. VINCENT H. FELL

Mailing Address 37157 AUDUBON CT

City

PRAIRIEVILLE

State

LA

Zip Code

70769-3338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SHELL OIL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OPERATOR

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228815

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARY ANN FELLER

Mailing Address 106 S. 190 E.

City

VALPARAISO

State

IN

Zip Code

46383-7878

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219336

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 315 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARY ANN FELLER

Mailing Address 106 S. 190 E.

City

VALPARAISO

State

IN

Zip Code

46383-7878

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13224952

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE R. FENDER

Mailing Address 5112 SPRINGER RD

City

ROANOKE

State

VA

Zip Code

24012-8503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236721

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J. FENNELL

Mailing Address 1701 W BRISTOL HOLLOW RD

City

DUNLAP

State

IL

Zip Code

61525-9156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHILLICOTHE METAL CO.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217706

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 316 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN FERRELL

Mailing Address 45610 TERMINAL DR

City

STERLING

State

VA

Zip Code

20166-4300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	0	9

Transaction ID: SA11.13212888

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOHN F. FERRELL

Mailing Address 18399 HARBOUR TOWN TER

City

LEESBURG

State

VA

Zip Code

20176-3923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: SA11.13227887

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM B. FERRELL, JR.

Mailing Address 12546 N A1A

City

VERO BEACH

State

FL

Zip Code

32963-9411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FERRELL REAL ESTATE/RANCH-  
ES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RANCHER/REALTOR

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: SA11.13209849

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

575.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 317 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES T. FESENMEIER

Mailing Address 7749 SHAGBARK CT.

City

BROWNSBURG

State

IN

Zip Code

46112-8499

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOOSIER NEUROLOGY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Transaction ID: SA11.13208631

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES M. FIELDEN, III

Mailing Address 1055 W COLUMBIA WAY  
STE 102

City

LANCASTER

State

CA

Zip Code

93534-8155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: SA11.13234395

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ERWIN FIENI

Mailing Address P.O. BOX 225

City

KIDRON

State

OH

Zip Code

44636-0225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	9

Transaction ID: SA11.13205808

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

450.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 318 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT FILUK

Mailing Address 625 LINCOLN AVENUE

City

SAN JOSE

State

CA

Zip Code

95126-3705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SAN JOSE MEDICAL CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230724

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LINDA L. FINCH

Mailing Address 4915 HANCOCK HWY

City

EQUINUNK

State

PA

Zip Code

18417-3110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246545

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH FINDLING

Mailing Address 514 CHESTERFIELD AVE

City

BIRMINGHAM

State

MI

Zip Code

48009-1219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205364

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 319 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH FINDLING

Mailing Address 514 CHESTERFIELD AVE

City

BIRMINGHAM

State

MI

Zip Code

48009-1219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: SA11.13233790

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOE B. FINLEY, JR.

Mailing Address P.O. BOX 9

City

ENCINAL

State

TX

Zip Code

78019-0009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CALLAGHAN RANCH LTD.Occupation  
LIVESTOCK RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13260109

Amount of Each Receipt this Period

2300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIS W. FINLEY, JR.

Mailing Address 2725 INVERNESS CT

City

LA JOLLA

State

CA

Zip Code

92037-2041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	9

Transaction ID: SA11.13242898

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2475.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MICHELE T. FIORE

Mailing Address 221 FOX CHASE DR

City

DUNCANSVILLE

State

PA

Zip Code

16635-8353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

COUNSELOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13220967

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. THERESA FIORENTINO

Mailing Address 1515 HILL DR

City

LOS ANGELES

State

CA

Zip Code

90041-1437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

703.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207565

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. THERESA FIORENTINO

Mailing Address 1515 HILL DR

City

LOS ANGELES

State

CA

Zip Code

90041-1437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

703.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228197

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 321 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MR. ALEXANDER FIRESTONE

Mailing Address 2109 BROADWAY  
APARTMENT 6112

City State Zip Code  
NEW YORK NY 10023-2106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219277

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MRS. JEANNETTE FISCHER

Mailing Address P.O. BOX 92

City State Zip Code  
LOHMAN MO 65053-0092

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235969

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. RAYMOND FISCHER

Mailing Address 128 BRIAR CLIFF LANE

City State Zip Code  
BEL AIR MD 21014-5553

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JP MORGAN CHASE

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13223921

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 322 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MRS. DEBRA D. FISHBURNE

Mailing Address 1479 MILNER CRES S

City	State	Zip Code
BIRMINGHAM	AL	35205-2915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: SA11.13210071

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. GARY C. FISHER

Mailing Address 769 FETTERS MILL ROAD

City	State	Zip Code
HUNTINGDON VALLEY	PA	19006-5105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VALLEY EYE PROFESSIONALS  
LLC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ADMINISTRATOR

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13222220

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. JOHN W. FITCH, III

Mailing Address 111 E. MIMOSA CIRCLE

City	State	Zip Code
SAN MARCOS	TX	78666-3705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13222442

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DAVID M. FITZGERALD

Mailing Address 801 PRINCETON AVE SW STE. 222  
1City State Zip Code  
BIRMINGHAM AL 35211-1334FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216576

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES E. FITZGERALD

Mailing Address 198 DIVISION AVE

City State Zip Code  
MILLINGTON NJ 07946-1359FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13231820

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. THERESA FITZGERALD

Mailing Address 7610 MISTY WOODS COURT

City State Zip Code  
MORROW OH 45152-7160FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233451

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

775.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS F. FITZGIBBON, SR.

Mailing Address 9640 REDING CIR

City

DES PLAINES

State

IL

Zip Code

60016-1551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240584

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GERALD S. FLAHERTY

Mailing Address 7510 N EDGEWILD DR

City

PEORIA

State

IL

Zip Code

61614-2164

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220562

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM A. FLEGENHEIMER

Mailing Address 308 LEMONWOOD DR

City

FALLBROOK

State

CA

Zip Code

92028-7904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLEGENHEIMER INT'L INC

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216482

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. FRANCES FLIKEID

Mailing Address 9278 TOURNAMENT ROAD

City

WARRENTON

State

VA

Zip Code

20186-7848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241137

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

E FLOURNOY, M.D.

Mailing Address 508 GREENWOOD DR

City

ALBANY

State

GA

Zip Code

31707-3102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224075

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOHN R. FLOYD

Mailing Address 272 WINDSOR PKWY NE

City

ATLANTA

State

GA

Zip Code

30342-2780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13227192

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

630.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. WANDA FLUALLEN

Mailing Address 432 COLLINGWOOD STREET

City

SAN FRANCISCO

State

CA

Zip Code

94114-2811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245568

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES E. FLURRY

Mailing Address 21 FERNDAL RD

City

BARRINGTON

State

IL

Zip Code

60010-3607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246329

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. MICHAEL S. FLYNN

Mailing Address 606 TAMIAMI TRL N  
STE 100

City

NAPLES

State

FL

Zip Code

34102-8138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAPLES CARDIOVASCULAR SPE-  
CIALISTS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207156

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

595.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 327 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT C. FOERSTERLING**

Mailing Address **2 NORMTON DRIVE**

City State Zip Code  
**SAINT LOUIS MO 63124-2053**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**12 / 28 / 2009**

Transaction ID: SA11.13238568

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. GEORGE P. FOGG, III**

Mailing Address **91 SPOONER RD**

City State Zip Code  
**CHESTNUT HILL MA 02467-1819**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1200.00**

Date of Receipt

**12 / 11 / 2009**

Transaction ID: SA11.13215901

Amount of Each Receipt this Period

**400.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. CARL W. FOGLIANI**

Mailing Address **8686 SCOTS PINE COURT**

City State Zip Code  
**ELK GROVE CA 95624-4029**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CA STATE ASSEMBLY**

Occupation  
**CHIEF OF STAFF**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**725.00**

Date of Receipt

**12 / 07 / 2009**

Transaction ID: SA11.13209422

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**600.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 328 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. PATRICIA B. FOLKVORD

Mailing Address 16292 1ST STREET SW

City

SIDNEY

State

MT

Zip Code

59270-9023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246016

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GREGORY S. FOLLEY

Mailing Address 6526 N SAINT MARYS RD

City

PEORIA

State

IL

Zip Code

61614-2830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CATERPILLER

Occupation  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224171

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. SANDRA LEE FOOTE

Mailing Address 17571 COLONIAL PARK DR

City

MONUMENT

State

CO

Zip Code

80132-2207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206358

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES D. FORAN

Mailing Address 11815 MEADOWSPRING LN

City

DALLAS

State

TX

Zip Code

75218-1208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217376

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. NADINE FORBES

Mailing Address 15101 S ADAMS RD

City

CARBONDALE

State

KS

Zip Code

66414-9438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205409

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. NADINE FORBES

Mailing Address 15101 S ADAMS RD

City

CARBONDALE

State

KS

Zip Code

66414-9438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228578

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. A. W. FORBRIGER

Mailing Address 5016 NOB HILL DR.

City

FORT THOMAS

State

KY

Zip Code

41075-1490

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207007

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES FORD

Mailing Address 38 DUXBURY RD

City

NEWTON CENTER

State

MA

Zip Code

02459-2516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205741

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ELTON FORD

Mailing Address 19 LALITA LANE

City

SANTA BARBARA

State

CA

Zip Code

93105-1916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224872

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GAYLORD FORD

Mailing Address 8900 W PECKHAM RD

City

NEWKIRK

State

OK

Zip Code

74647-7242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

OIL FIELD TRUCKING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236139

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JEROLD FORD

Mailing Address 408 13TH ST

City

SNOHOMISH

State

WA

Zip Code

98290-1832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217064

Amount of Each Receipt this Period

140.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. MICHAEL J. FORD

Mailing Address 2040 FLEISCHMANN RD

City

TALLAHASSEE

State

FL

Zip Code

32308-4599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHEASTERN DERMATOLOGY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13225049

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. FORD

Mailing Address 4028 NE COLLEGE ST

City

AYDEN

State

NC

Zip Code

28513-7124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13206026

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. FORD

Mailing Address 4028 NE COLLEGE ST

City

AYDEN

State

NC

Zip Code

28513-7124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222535

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. FORNEY

Mailing Address 23810 115TH PL W

City

WOODWAY

State

WA

Zip Code

98020-5212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216943

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. T R. FORSTENSON

Mailing Address 59649 OKANAGAN LN

City

BEND

State

OR

Zip Code

97702-9649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240871

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ERNEST V. FORTIN

Mailing Address 4574 HIGHLAND OAKS CIRCLE

City

SARASOTA

State

FL

Zip Code

34235-5177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235230

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TED FOSTER

Mailing Address 300 VINE ST

City

CHELSEA

State

OK

Zip Code

74016-1669

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13206802

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

315.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ELLIOTT FOUCAR

Mailing Address 14029 WIND MOUNTAIN RD NE

City

ALBUQUERQUE

State

NM

Zip Code

87112-6564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRESBYTERIAN HOSPITAL

Occupation  
PATHLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219732

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ELLIOTT FOUCAR

Mailing Address 14029 WIND MOUNTAIN RD NE

City

ALBUQUERQUE

State

NM

Zip Code

87112-6564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRESBYTERIAN HOSPITAL

Occupation  
PATHLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245572

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES FOX

Mailing Address 14357 CHOKECHERRY DR

City

NEVIS

State

MN

Zip Code

56467-4283

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13237380

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOEL FOX

Mailing Address 370 17TH ST

City

DENVER

State

CO

Zip Code

80202-1370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ENCANA OIL AND GAS USAOccupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216824

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. KERRY FOX

Mailing Address 11000 PRAIRIE LAKES DR STE 460

City

EDEN PRAIRIE

State

MN

Zip Code

55344-3805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: SA11.13225032

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. MARTIN FOX

Mailing Address 8706 OLDBURY PL.

City

LOUISVILLE

State

KY

Zip Code

40222-5663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: SA11.13234403

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

910.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JAMES O. FOXX

Mailing Address 2554 TWAIN AVENUE

City

CLOVIS

State

CA

Zip Code

93611-5974

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217439

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANK J. FRAGOMENI, JR.

Mailing Address 4853 PROCTOR RD

City

CASTRO VALLEY

State

CA

Zip Code

94546-1449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13234378

Amount of Each Receipt this Period

115.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JANELLE FRANCIS

Mailing Address PO BOX 19889

City

HOUSTON

State

TX

Zip Code

77224-9889

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
OIL PRODUCER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1590.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216775

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

615.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JON R. FRANCE

Mailing Address 6768 MAIN ST

City

CINCINNATI

State

OH

Zip Code

45244-3433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MT. LOOKOUT PALLET

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	9

Transaction ID: SA11.13204793

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. MICHAEL H. FRANKEL

Mailing Address 3700 PARK EAST DR # 100

City

CLEVELAND

State

OH

Zip Code

44122-4339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13217663

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM WALSH FRANKLIN

Mailing Address 1901 GLADEWOOD DR

City

MIDLAND

State

TX

Zip Code

79707-5052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	9

Transaction ID: SA11.13226465

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

450.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MRS. CLARISSA E. FREDERICK

Mailing Address 20 LEADER LN

City

HERMON

State

NY

Zip Code

13652-3331

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209581

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ANDREW FREEMAN

Mailing Address 4600 CHEVY CHASE BLVD

City

CHEVY CHASE

State

MD

Zip Code

20815-5301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13212265

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RUSSELL F. FREEMAN

Mailing Address P.O. BOX 918

City

GARDEN CITY

State

KS

Zip Code

67846-0918

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CONTINENTAL ENERGY

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231274

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 339 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM FREEMAN

Mailing Address 7116 MICHELLE AVE

City

LA VISTA

State

NE

Zip Code

68128-3033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IV FOOD STORES INC.

Occupation  
CASHIER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236282

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM G. FREEMAN

Mailing Address 3659 MOULTRIE AVE

City

SAN DIEGO

State

CA

Zip Code

92117-5619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EPS

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13247415

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CLARENCE E. FREITAS

Mailing Address 917 NAN CT

City

SANTA MARIA

State

CA

Zip Code

93454-3151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13238804

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LAUREL LEE FRIDAY

Mailing Address 2231 W ALMOND AVE

City

ORANGE

State

CA

Zip Code

92868-3405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207467

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LAUREL LEE FRIDAY

Mailing Address 2231 W ALMOND AVE

City

ORANGE

State

CA

Zip Code

92868-3405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13242816

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PETER A. FRIEDMAN

Mailing Address P.O. BOX 5125

City

CULVER CITY

State

CA

Zip Code

90231-5125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FRIEDMAN AND ASSOC. INS

Occupation

INSURANCE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230002

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 341 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEVEN A FRIEDMAN

Mailing Address 4500 PARKWAY DR

City

BROOKFIELD

State

OH

Zip Code

44403-8720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216937

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM L. FRIEND

Mailing Address 1311 BALLANTRAE FARM DR

City

MCLEAN

State

VA

Zip Code

22101-3028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BECHTEL GROUP, INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CONSULTANT

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13222280

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FOSTER FRIESS

Mailing Address 115 E. SNOW KING AVENUE  
PO BOX 9790

City

JACKSON

State

WY

Zip Code

83002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FRIESS ASSOCIATES, INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INVESTMENT CONSULTANT

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11.13251769

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

31150.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 342 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ILIFF FRITZER

Mailing Address 9255 N. MAGNOLIA AVENUE  
SPACE 364

City State Zip Code  
SANTEE CA 92071-3172

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207804

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT M. FRITZ

Mailing Address 9423 FRITZ RD

City State Zip Code  
MERCERSBURG PA 17236-9530

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224828

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. HAROLD E. FROMM

Mailing Address 314 N BERRY PINE RD

City State Zip Code  
RAPID CITY SD 57702-1859

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214450

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 343 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD W. FRYE

Mailing Address 12 GAGE CT

City

HOUSTON

State

TX

Zip Code

77024-4409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAGNUM PRODUCING LP

Occupation  
GEOPHYSICIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13247492

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PRESTON FUCCI

Mailing Address 52 WICKES RD

City

BUSHKILL

State

PA

Zip Code

18324-9441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206965

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CARLA G. FULLER

Mailing Address 587 BLACKHAWK CLUB DRIVE

City

DANVILLE

State

CA

Zip Code

94506-4522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13213050

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RICHARD L. FULLER

Mailing Address 3545 LINCOLN WAY E

City

MASSILLON

State

OH

Zip Code

44646-8624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223654

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WINSTON R. FULLER, JR.

Mailing Address 314 BUENA VIS

City

NEWPORT BEACH

State

CA

Zip Code

92661-1125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243264

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ETHEL M. FUNKE

Mailing Address 116 5TH STREET E.

City

CRESO

State

IA

Zip Code

52136-1622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226296

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ETHEL M. FUNKE

Mailing Address 116 5TH STREET E.

City

CRESCO

State

IA

Zip Code

52136-1622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246492

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. WAYNE FURR

Mailing Address 9218 KIMMER DR  
STE 203

City

LITTLETON

State

CO

Zip Code

80124-6733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13224965

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. MICHAEL FUTRELL

Mailing Address 10875 BELLE COUR WAY

City

SHREVEPORT

State

LA

Zip Code

71106-7771

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13250458

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2160.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 346 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. GABBERT

Mailing Address 799 LIVE OAK PL

City

OWENSBORO

State

KY

Zip Code

42303-8815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229464

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ORRIN L. GABSCH

Mailing Address 6105 LA JOLLA SCENIC DR. S.

City

LA JOLLA

State

CA

Zip Code

92037-6347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207690

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARY ALICE GADBERRY

Mailing Address 3015 SANDERS RD

City

LIVE OAK

State

CA

Zip Code

95953-9573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13203222

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 347 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LARRY L. GAILFUS

Mailing Address 5472 104TH STREET NE

City

ROLLA

State

ND

Zip Code

58367-9560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207516

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JOSEPH F. GALATE

Mailing Address 10777 NALL AVE STE 120

City

OVERLAND PARK

State

KS

Zip Code

66211-1377

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
METRO SPINE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210504

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. GALBRAITH

Mailing Address 500 CRESTWOOD DRIVE  
APARTMENT 1604

City

CHARLOTTESVLE

State

VA

Zip Code

22903-4861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13213475

Amount of Each Receipt this Period

7000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

7320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 348 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. ROSEMARY GALBRAITH**

Mailing Address **500 CRESTWOOD DRIVE  
 APARTMENT 1604**

City State Zip Code  
**CHARLOTTESVILLE VA 22903-4861**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**7000.00**

Date of Receipt

**12 / 09 / 2009**

**Transaction ID: SA11.13213476**

Amount of Each Receipt this Period

**7000.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**DR. TIMOTHY GALBRAITH**

Mailing Address **3308 W EDGEWOOD DR**

City State Zip Code  
**JEFFERSON CITY MO 65109-6891**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**12 / 04 / 2009**

**Transaction ID: SA11.13207158**

Amount of Each Receipt this Period

**500.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**JOHN GALL**

Mailing Address **8783 BRINDISI PARK AVE**

City State Zip Code  
**LAS VEGAS NV 89148-4999**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ARIZONA LAND QUEST LLC**

Occupation  
**REAL ESTATE CONSULTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**12 / 28 / 2009**

**Transaction ID: SA11.13236418**

Amount of Each Receipt this Period

**1000.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**8500.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 349 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR EDGAR GALLAGHER

Mailing Address 255 MEMORIAL DR

City

JACKSONVILLE

State

NC

Zip Code

28546-6333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217573

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. NINON GALLAGHER

Mailing Address 9745 S KARLOV AVE APT 210

City

OAK LAWN

State

IL

Zip Code

60453-3343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PEDIATRICS SERVICE ANERIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

NURSE

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202965

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES D. GALLOWAY

Mailing Address 466 HOOD CENTER RD

City

ROCK HILL

State

SC

Zip Code

29730-9059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210890

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

910.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 350 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM E. GALLOWAY

Mailing Address 11305 N COUNTY ROAD 750 W

City

FREETOWN

State

IN

Zip Code

47235-9526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
11305 N COUNTY RD 750 W

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	9	

Transaction ID: SA11.13231808

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM E. GALLOWAY

Mailing Address 11305 N COUNTY ROAD 750 W

City

FREETOWN

State

IN

Zip Code

47235-9526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
11305 N COUNTY RD 750 W

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	9	

Transaction ID: SA11.13241976

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JACKIE P. GARBARINO

Mailing Address 1501 GOLF COURSE RD

City

NEWPORT

State

TN

Zip Code

37821-7151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	9	

Transaction ID: SA11.13217049

Amount of Each Receipt this Period

260.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

510.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 351 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARY H. GARBER

Mailing Address 719 AVONDALE AVENUE

City

ALBEMARLE

State

NC

Zip Code

28001-3567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220208

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. NOEL V. GARCIA

Mailing Address PO BOX 648

City

HOUSTON

State

MS

Zip Code

38851-0648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217699

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ANIL R. GARDE

Mailing Address 1979 NATALIE LN

City

RIVERSIDE

State

CA

Zip Code

92506-4676

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217282

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 352 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DOROTHY G. GARDNER

Mailing Address 2904 DEAUN DRIVE

City

TWIN FALLS

State

ID

Zip Code

83301-7536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217552

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JOAN GARDNER

Mailing Address 20 DOLPIN LANE

City

KEY LARGO

State

FL

Zip Code

33037-5214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225732

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JOAN GARDNER

Mailing Address 20 DOLPIN LANE

City

KEY LARGO

State

FL

Zip Code

33037-5214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236767

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 353 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN GARDNER

Mailing Address 11082 E 2000TH AVE

City

EFFINGHAM

State

IL

Zip Code

62401-6890

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IL STATE POLICE

Occupation

POLICE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1104.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	9	

Transaction ID: SA11.13231831

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ROSANNE GARNSEY

Mailing Address 1926 23RD AVE

City

GREELEY

State

CO

Zip Code

80634-6019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	9	

Transaction ID: SA11.13229302

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. IRENE M. GARRETT

Mailing Address 9475 RIVERCLUB PARKWAY

City

DULUTH

State

GA

Zip Code

30097-2410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	9	

Transaction ID: SA11.13208942

Amount of Each Receipt this Period

105.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

405.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 354 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARJORIE L. GARTLAND

Mailing Address 55 E TRILLIUM CIR

City

SPRING

State

TX

Zip Code

77381-6003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219468

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARJORIE L. GARTLAND

Mailing Address 55 E TRILLIUM CIR

City

SPRING

State

TX

Zip Code

77381-6003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236466

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARJORIE L. GARTLAND

Mailing Address 55 E TRILLIUM CIR

City

SPRING

State

TX

Zip Code

77381-6003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236751

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 355 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JACK GARTNER

Mailing Address P.O. BOX 1714

City

ESTES PARK

State

CO

Zip Code

80517-1714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13214867

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. TIMOTHY A. GARVEY

Mailing Address 913 E 26TH ST  
STE 600

City

MINNEAPOLIS

State

MN

Zip Code

55404-4515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217032

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. PATTI GARVIN

Mailing Address 13162 N 145TH WAY

City

SCOTTSDALE

State

AZ

Zip Code

85259-3749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY PROPERTY MNGT CO

Occupation  
HANDYMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208571

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. PATTI GARVIN

Mailing Address 13162 N 145TH WAY

City

SCOTTSDALE

State

AZ

Zip Code

85259-3749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY PROPERTY MNGT CO

Occupation  
HANDYMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236228

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. SHERYLE GASPARINI

Mailing Address 4125 ROWAN DRIVE

City

FORT WORTH

State

TX

Zip Code

76116-8067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233247

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. RICHARD GATES

Mailing Address 8240 NAAB RD  
# 450

City

INDIANAPOLIS

State

IN

Zip Code

46260-1945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WOMEN'S HEALTH PARTNERSHIP

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206295

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

420.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. PAUL T. GAUDET

Mailing Address 604 NORTH ACADIA RD

City

THIBODAU

State

LA

Zip Code

70301-4897

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
PHYSICIAN

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217177

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LINDA GAUNTT

Mailing Address 203 EARLEY ST APT Q

City

HARDIN

State

IL

Zip Code

62047-9620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218759

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. RUTH GEALY

Mailing Address 1978 690TH ROAD

City

GORDON

State

NE

Zip Code

69343-4809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

274.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218905

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM N. GEE, JR MD

Mailing Address 883 S LAKESHORE DR

City

VALDOSTA

State

GA

Zip Code

31605-6430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PARDEN MEM. HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216944

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM N. GEE, JR MD

Mailing Address 883 S LAKESHORE DR

City

VALDOSTA

State

GA

Zip Code

31605-6430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PARDEN MEM. HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13237284

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT A. GEHRING

Mailing Address 183 SUNSET VIEW DR

City

DOYLESTOWN

State

PA

Zip Code

18901-2762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13232181

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. PATRICIA A. GEIL

Mailing Address 2925 WILLIAM PENN HWY

City

EASTON

State

PA

Zip Code

18045-5283

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13242949

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. GEORGE F. GEILS

Mailing Address 125 DOUGHTY ST  
STE 280

City

CHARLESTON

State

SC

Zip Code

29403-5727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207041

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. NINA S. GENEMATAS

Mailing Address 4505 LAURELWOOD DR

City

HARRISBURG

State

PA

Zip Code

17110-2829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235545

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ALAN GENICOFF MD JD

Mailing Address 2536 POPPY DR

City

LODI

State

CA

Zip Code

95242-4776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13220943

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. FRANK GENOVESE

Mailing Address 200 MEDICAL ARTS BLDG  
# 210

City

KITTANNING

State

PA

Zip Code

16201-7132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230697

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GEORGE A. GERBERMAN

Mailing Address 1501 MICHAEL ST

City

EL CAMPO

State

TX

Zip Code

77437-9345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233997

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BILLY GEREN

Mailing Address 920 E OVERCREST ST

City

FAYETTEVILLE

State

AR

Zip Code

72703-2923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210095

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CLARK D. GERHART

Mailing Address 200 S RIVER ST

City

PLAINS

State

PA

Zip Code

18705-1143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13224989

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BEN GERINGER

Mailing Address 1449 ARLINGTON DRIVE

City

LODI

State

CA

Zip Code

95242-3502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245854

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN J. GEROSA

Mailing Address 12405 WRAYBURN RD

City

ELM GROVE

State

WI

Zip Code

53122-1451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223823

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. THOMAS GIANCARLO

Mailing Address 19699 E 8 MILE RD

City

GROSSE POINTE

State

MI

Zip Code

48230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222531

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH S. GIARRACCO

Mailing Address 3 BUCKNELL LANE

City

STONY BROOK

State

NY

Zip Code

11790-2521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210155

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. SPENCER D. GIBSON**

Mailing Address **29906 DIXIE AVE**

City State Zip Code  
**RANDOLPH MN 55065-9501**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**249.00**

Date of Receipt

**12 / 07 / 2009**

**Transaction ID: SA11.13208286**

Amount of Each Receipt this Period

**35.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MS. MARTHA P. GIESE**

Mailing Address **20 FRAMINGHAM LANE**

City State Zip Code  
**PITTSFORD NY 14534-1048**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**700.00**

Date of Receipt

**12 / 24 / 2009**

**Transaction ID: SA11.13236515**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MS. MARTHA P. GIESE**

Mailing Address **20 FRAMINGHAM LANE**

City State Zip Code  
**PITTSFORD NY 14534-1048**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**700.00**

Date of Receipt

**12 / 31 / 2009**

**Transaction ID: SA11.13245540**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**235.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PIERCE W. GIFFIN

Mailing Address 14923 IRISH RIDGE RD

City

BURLINGTON

State

IA

Zip Code

52601-8862

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	1		2	0	0	9

Transaction ID: SA11.13231027

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KEVIN P. GILDNER

Mailing Address 30 PICCADILLY PL

City

MANKATO

State

MN

Zip Code

56001-4178

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	4		2	0	0	9

Transaction ID: SA11.13234354

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DANNY R. GILLILLAND

Mailing Address 1037 LANTRIP RD

City

SHERWOOD

State

AR

Zip Code

72120-4161

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
POPEYES CHICKEN & BISCUITS

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: SA11.13245442

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

800.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARY J. GILLESPIE

Mailing Address 13090 NE WEILDER ST

City

PORTLAND

State

OR

Zip Code

97230-2266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220447

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. MARION R. GILLESPIE

Mailing Address 108 CARTER OAKS DRIVE

City

ANDERSON

State

SC

Zip Code

29621-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244151

Amount of Each Receipt this Period

375.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. SARAH GILLEN

Mailing Address 118 SIEGEL BOULEVARD

City

BABYLON

State

NY

Zip Code

11702-1812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMERGENCY SKILLS, INC.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13247353

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARK E. GILLIAM

Mailing Address 400 TRAVIS ST

City

SHREVEPORT

State

LA

Zip Code

71101-3108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240588

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES C. GILSTRAP

Mailing Address 5067 SHORE DR

City

CARLSBAD

State

CA

Zip Code

92008-4345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245415

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DALE GIRAUDIN

Mailing Address PO BOX 524

City

BULLVILLE

State

NY

Zip Code

10915-0524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FOAMCO WALL & BASEMENT SY-  
STEMS

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13231784

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICK GIRDLER

Mailing Address 429 OGDEN ST

City

SOMERSET

State

KY

Zip Code

42501-1733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243556

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN H. GIVAN

Mailing Address 1200 38TH STREET  
APARTMENT 30

City

BAKERSFIELD

State

CA

Zip Code

93301-1362

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13211612

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. AMBROSE GIVENS

Mailing Address 1365 COOPER DR.

City

LEXINGTON

State

KY

Zip Code

40502-2411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228800

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PERRY L. GLANCY

Mailing Address 9438 ERNST RD

City

FORT WAYNE

State

IN

Zip Code

46809-9606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13226736

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EVERTT A. GLENDENING

Mailing Address 5425 DRAKE RD

City

CINCINNATI

State

OH

Zip Code

45243-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
E.A GLENDENING

Occupation  
ARCHITECT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205720

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EVERTT A. GLENDENING

Mailing Address 5425 DRAKE RD

City

CINCINNATI

State

OH

Zip Code

45243-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
E.A GLENDENING

Occupation  
ARCHITECT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225528

Amount of Each Receipt this Period

115.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

390.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EVERTT A. GLENDENING

Mailing Address 5425 DRAKE RD

City

CINCINNATI

State

OH

Zip Code

45243-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
E.A GLENDENING

Occupation

ARCHITECT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228990

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. CHRISTOPHER U. GLENNEY

Mailing Address 30 BRANNEN ROAD

City

MILAN

State

NH

Zip Code

03588-3300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST. LUKE MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228300

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JUNE RUSSEL GLENNON

Mailing Address 5191 E. LAKESIDE DRIVE

City

PALM SPRINGS

State

CA

Zip Code

92264-5912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13217952

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM B. GLEW

Mailing Address 7700 CONNECTICUT AVENUE

City

CHEVY CHASE

State

MD

Zip Code

20815-4919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

GENERAL PRACTICE

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13234230

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM B. GLEW

Mailing Address 7700 CONNECTICUT AVENUE

City

CHEVY CHASE

State

MD

Zip Code

20815-4919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

GENERAL PRACTICE

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246297

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DARRYL R. GLOVER

Mailing Address 2817 PERTH DR

City

EDMOND

State

OK

Zip Code

73013-9022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GLOVER SHEET METAL, INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215726

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RAYMOND GLOVER

Mailing Address 4859 LOWER SMITH RIVER RD

City

REEDSPORT

State

OR

Zip Code

97467-9707

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1284.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217259

Amount of Each Receipt this Period

255.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JOHN GLUSCIC

Mailing Address 1010 FAIRWAY DR

City

FREEPORT

State

IL

Zip Code

61032-6600

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223615

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. PHYLLIS M. GNUECHTEL

Mailing Address 310 WESLEY DR.

City

KERRVILLE

State

TX

Zip Code

78028-5822

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13232575

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

630.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. JOHN GOFF**

Mailing Address **202 ALPINE TRL**

City State Zip Code  
**NEPTUNE CITY NJ 07753-4450**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TROPICONE**

Occupation  
**OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**735.00**

Date of Receipt

**12 / 22 / 2009**

Transaction ID: SA11.13229449

Amount of Each Receipt this Period

**210.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**DR. JACOBO GOLDBERG**

Mailing Address **6700 W LOOP SOUTH  
STE 300**

City State Zip Code  
**BELLAIRE TX 77401-4120**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**850.00**

Date of Receipt

**12 / 18 / 2009**

Transaction ID: SA11.13225103

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DR. STEPHEN L. GOLDER**

Mailing Address **2333 MCCALLIE AVE**

City State Zip Code  
**CHATTANOOGA TN 37404-3258**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 22 / 2009**

Transaction ID: SA11.13229343

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**810.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JANE F. GOLDSTON

Mailing Address 1216 FOX CHAPEL DR

City

LUTZ

State

FL

Zip Code

33549-8706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222569

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. LOWELL E. GOLTER

Mailing Address 8542 WYOMING CLUB DR

City

CINCINNATI

State

OH

Zip Code

45215-4243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210839

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ANITA GONDY

Mailing Address 7160 SMOKE RANCH RD

City

LAS VEGAS

State

NV

Zip Code

89128-3208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13224983

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ISIDRA R. GONZALES

Mailing Address 160 SMALLWOOD AVE

City

BELLEVILLE

State

NJ

Zip Code

07109-1335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UMDNJ

Occupation  
NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217413

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

REV. MARCOS J. GONZALEZ

Mailing Address 3768 GLENFELIZ BLVD.

City

LOS ANGELES

State

CA

Zip Code

90039-1741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARCHDIOCESE OF LOS ANGELES

Occupation  
CATHOLIC PRIEST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245824

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES E. GOOD

Mailing Address P.O. BOX 917

City

HANOVER

State

PA

Zip Code

17331-6917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SNYDER'S OF HANOVER INC.

Occupation  
ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202934

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 375 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
HON. BOB GOODLATTE

Mailing Address 5341 FOX RIDGE ROAD

City State Zip Code  
ROANOKE VA 24018-8755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED STATES CONGRESS

Occupation  
REPUBLICAN REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207305

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. ROBERT L. GOODLAD

Mailing Address 2022 10TH AVE

City State Zip Code  
STAR PRAIRIE WI 54026-5725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207060

Amount of Each Receipt this Period

159.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MRS. DENISE GOODMAN

Mailing Address 79520 VIA SIN CUIDADO

City State Zip Code  
LA QUINTA CA 92253-7503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COUNTRY WIDE HOME LOANS

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13231855

Amount of Each Receipt this Period

160.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

569.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 376 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CALVIN C. GOODRICH

Mailing Address 2006 EVERGREEN RIDGE DRIVE

City

CINCINNATI

State

OH

Zip Code

45215-5710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

915.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	9

Transaction ID: SA11.13205407

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CALVIN C. GOODRICH

Mailing Address 2006 EVERGREEN RIDGE DRIVE

City

CINCINNATI

State

OH

Zip Code

45215-5710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

915.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: SA11.13233046

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CALVIN C. GOODRICH

Mailing Address 2006 EVERGREEN RIDGE DRIVE

City

CINCINNATI

State

OH

Zip Code

45215-5710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

915.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	9

Transaction ID: SA11.13243136

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 377 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES F. GORDER, SR.

Mailing Address 5526 TOYON RD

City

SAN DIEGO

State

CA

Zip Code

92115-1020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LORENE ETAL

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	9

Transaction ID: SA11.13205395

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES F. GORDER, SR.

Mailing Address 5526 TOYON RD

City

SAN DIEGO

State

CA

Zip Code

92115-1020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LORENE ETAL

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	9

Transaction ID: SA11.13225444

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JAMES L. GORDER

Mailing Address 450 STANYAN ST

City

SAN FRANCISCO

State

CA

Zip Code

94117-1019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: SA11.13225104

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

180.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 378 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES A. GORDON

Mailing Address 1260 E 2ND ST  
APARTMENT 2

City State Zip Code  
LONG BEACH CA 90802-5744

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
WRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219144

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PHILLIP GORDON

Mailing Address 1224 HELFORD LN

City State Zip Code  
CARMEL IN 46032-8329

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STIMULUS ENGINEERING

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13247488

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. RICHARD E. GORDON

Mailing Address 27901 WOODWARD AVENUE #300

City State Zip Code  
BERKLEY MI 48072-0921

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215534

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 379 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FRED U. GOSHE

Mailing Address APT 118 ST FRANCIS AVE

City

TIFFIN

State

OH

Zip Code

44883-4005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235374

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL A. GOSNELL

Mailing Address 2726 JEAN LAFITTE DR

City

FERNANDINA

State

FL

Zip Code

32034-4836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13212217

Amount of Each Receipt this Period

310.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT GOTIE

Mailing Address 5352 PROSPECT TERRACE

City

TRUXTON

State

NY

Zip Code

13158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208809

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

365.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 380 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. STEVEN R. GOUGH

Mailing Address 10750 CARMEL AVE NE

City

ALBUQUERQUE

State

NM

Zip Code

87122-3047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	9	

Transaction ID: SA11.13220944

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THEODORE S. GRACZYK

Mailing Address 9 FRESNO COURT

City

EAST NORTHPORT

State

NY

Zip Code

11731-1733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	9	

Transaction ID: SA11.13228135

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RONALD I. GRAESSER

Mailing Address 605 ASHTON PLACE NE  
APT 2

City

CEDAR RAPIDS

State

IA

Zip Code

52402-8360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	9	

Transaction ID: SA11.13211619

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

370.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 381 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN N. GRAFF

Mailing Address 805 LONE TREE RD

City

ELM GROVE

State

WI

Zip Code

53122-2014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	9

Transaction ID: SA11.13207544

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN N. GRAFF

Mailing Address 805 LONE TREE RD

City

ELM GROVE

State

WI

Zip Code

53122-2014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Transaction ID: SA11.13216927

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ANNA R. GRAHAM, M.D.

Mailing Address P.O. BOX 245108

City

TUCSON

State

AZ

Zip Code

85724-5108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF ARIZONAOccupation  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	0		2	0	0	9

Transaction ID: SA11.13213967

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

530.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 382 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RAZVAN N. GRAMATOVICI

Mailing Address 245 EVERGREEN DRIVE

City

FRANKLIN

State

PA

Zip Code

16323-1811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WARREN GENERAL HOSPITAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217261

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. RAZVAN N. GRAMATOVICI

Mailing Address 245 EVERGREEN DRIVE

City

FRANKLIN

State

PA

Zip Code

16323-1811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WARREN GENERAL HOSPITAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236789

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BERTIL GRANBORG

Mailing Address P.O. BOX 6695

City

INCLINE VILLAGE

State

NV

Zip Code

89450-6695

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208503

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 383 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BERTIL GRANBORG

Mailing Address P.O. BOX 6695

City

INCLINE VILLAGE

State

NV

Zip Code

89450-6695

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2475.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240330

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. DEE GRANZOW

Mailing Address 12488 186TH ST N

City

JUPITER

State

FL

Zip Code

33478-2009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13224946

Amount of Each Receipt this Period

155.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PATRICK J GRATTON

Mailing Address 5530 WENONAH DRIVE

City

DALLAS

State

TX

Zip Code

75209-5522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
GEOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233727

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

655.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID GRAVES

Mailing Address 1200 BLALOCK RD  
STE 316

City State Zip Code  
HOUSTON TX 77055-6455

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SOURCETECH SYSTEMS

Occupation  
OWNER/PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13247268

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HARRY H. GRAVES

Mailing Address 23984 VIA ASTUTO

City State Zip Code  
MURRIETA CA 92562-3571

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228821

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARY LOU GRAY

Mailing Address 241 JACOB STREET

City State Zip Code  
HAMBURG MN 55339-9456

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209858

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARY LOU GRAY

Mailing Address 241 JACOB STREET

City

HAMBURG

State

MN

Zip Code

55339-9456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219777

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARY LOU GRAY

Mailing Address 241 JACOB STREET

City

HAMBURG

State

MN

Zip Code

55339-9456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235939

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT GRAY

Mailing Address 1380 MOUNTAIN RUN RD

City

CASCADE

State

VA

Zip Code

24069-2306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226356

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT GRAY

Mailing Address 1380 MOUNTAIN RUN RD

City

CASCADE

State

VA

Zip Code

24069-2306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 9

Transaction ID: SA11.13232465

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR WARREN GRAY

Mailing Address 2200 JOHN R WOODEN DR  
STE 207

City

MARTINSVILLE

State

IN

Zip Code

46151-1838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 9

Transaction ID: SA11.13216762

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM E. GRAYSON

Mailing Address 118 51ST ST

City

HOLMES BEACH

State

FL

Zip Code

34217-1824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
LAND LORD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 9

Transaction ID: SA11.13216945

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

610.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. GERTRUDE F. GRDEN

Mailing Address 240 S. WASHINGTON STREET

City

BALTIMORE

State

MD

Zip Code

21231-2619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13212850

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARION J. GRDEN

Mailing Address 240 S WASHINGTON ST

City

BALTIMORE

State

MD

Zip Code

21231-2619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207688

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARION J. GRDEN

Mailing Address 240 S WASHINGTON ST

City

BALTIMORE

State

MD

Zip Code

21231-2619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207692

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARION J. GRDEN

Mailing Address 240 S WASHINGTON ST

City

BALTIMORE

State

MD

Zip Code

21231-2619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13221270

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

KIM GREAVES

Mailing Address 7736 FENWAY ROAD

City

NEW ALBANY

State

OH

Zip Code

43054-9691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JPMORGANCHASE

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207298

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RAY A. GREB

Mailing Address RR 2 BOX 76

City

OKEENE

State

OK

Zip Code

73763-0494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215910

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1095.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. LESLAW GREDYSA

Mailing Address 234 HAMPTON ROAD

City

SOUTHAMPTON

State

NY

Zip Code

11968-5028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235506

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ANITA GREENE

Mailing Address 20 CORNELIA LN

City

LAKE GROVE

State

NY

Zip Code

11755-2527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229493

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BONNIE GREEN

Mailing Address 13349 E. GOLD DUST AVENUE

City

SCOTTSDALE

State

AZ

Zip Code

85259-5440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229468

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

570.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. DOROTHY J. GREENO**

Mailing Address **1055 ADAMS CIRCLE  
APT 1125**

City State Zip Code  
**BOULDER CO 80303-1820**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**224.00**

Date of Receipt

**12 / 07 / 2009**

**Transaction ID: SA11.13209400**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. H. MICHAEL GREEN**

Mailing Address **P.O. BOX 1240**

City State Zip Code  
**CARNATION WA 98014-1240**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**550.00**

Date of Receipt

**12 / 29 / 2009**

**Transaction ID: SA11.13242620**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. HERBERT H. GREENE**

Mailing Address **30 MEANDERING WAY**

City State Zip Code  
**GRANITE FALLS NC 28630-9328**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 28 / 2009**

**Transaction ID: SA11.13236133**

Amount of Each Receipt this Period

**200.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**350.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JOEL G. GREENSPAN

Mailing Address 6 OAK RIDGE CT

City

ARMONK

State

NY

Zip Code

10504-2629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207331

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN MARKHAM GREEN

Mailing Address 15 E 91ST ST

City

NEW YORK

State

NY

Zip Code

10128-0648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230824

Amount of Each Receipt this Period

320.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. LOIS L. GREEN

Mailing Address 11551 HILLPARK LANE

City

LOS ALTOS

State

CA

Zip Code

94024-6528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13229253

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

645.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RUSSELL JILL GREEN

Mailing Address 14622 E 460 RD

City

CLAREMORE

State

OK

Zip Code

74017-0989

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WORK HEALTH SOLUTIONS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13217795

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM M. GREEN

Mailing Address 704 W. LOWELL AVENUE

City

HAVERHILL

State

MA

Zip Code

01832-3426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215713

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN GREGOR

Mailing Address 17 HENDEL LOOP

City

CARLISLE

State

PA

Zip Code

17015-7608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220573

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RALPH GREMMEL

Mailing Address 9619 RALSTON BEND LN

City

KATY

State

TX

Zip Code

77494-0529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUMMA INSURANCE

Occupation

INSURANCE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216496

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID GRENADER

Mailing Address 4708 CAROLINE STREET

City

HOUSTON

State

TX

Zip Code

77004-5025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

REAL ESTATE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13213477

Amount of Each Receipt this Period

1250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. HAROLD GRIFFIN

Mailing Address 537 ROUND TABLE DRIVE

City

FT. WASHINGTON

State

MD

Zip Code

20744-5612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEPT. OF HOMELAND SECURITY

Occupation

CONGRESSIONAL RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208818

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JEANNE GRIFFITH

Mailing Address 308 PERRIN AVENUE  
APARTMENT 4

City State Zip Code  
LAFAYETTE IN 47904-2687

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13221222

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MAXINE K. GRIFFITH

Mailing Address 9224 SLATER AVENUE NE  
APARTMENT 307

City State Zip Code  
KIRKLAND WA 98033-5826

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13232001

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD S. GRIFFITH

Mailing Address P.O. BOX 91610

City State Zip Code  
LAFAYETTE LA 70509-1610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209970

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD S. GRIFFITH

Mailing Address P.O. BOX 91610

City

LAFAYETTE

State

LA

Zip Code

70509-1610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13238718

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

KENNETH GRIMM

Mailing Address 907 17TH STREET

City

VIENNA

State

WV

Zip Code

26105-1109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236430

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DENNIS GRIZZLE

Mailing Address 109 WILSHIRE DR

City

VICTORIA

State

TX

Zip Code

77904-1853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207447

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DENNIS GRIZZLE

Mailing Address 109 WILSHIRE DR

City

VICTORIA

State

TX

Zip Code

77904-1853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207471

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. DENNIS GRIZZLE

Mailing Address 109 WILSHIRE DR

City

VICTORIA

State

TX

Zip Code

77904-1853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13238879

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KEVIN A. GROS

Mailing Address P.O. BOX 1412

City

LAROSE

State

LA

Zip Code

70373-1412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13242811

Amount of Each Receipt this Period

565.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

715.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
DR. BRUCE G. GROSSMAN

Mailing Address 1000 GRAND CANYON PKWY  
STE 301

City State Zip Code  
HOFFMAN EST IL 60169-1732

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BRUCE GROSSMAN MD/SC

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223590

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. GERARD GROSSO

Mailing Address 7853 DANBY DRIVE

City State Zip Code  
ANNANDALE VA 22003-5316

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230762

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
DR. KENNETH G. GROSS

Mailing Address 5222 BALBOA AVE  
FL 6

City State Zip Code  
SAN DIEGO CA 92117-6963

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SKIN SURGERY MEDICAL GROU-  
P, INC

Occupation  
DERMATOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217497

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

535.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. AARON C. GRUBBS

Mailing Address 1912 NIGHTFALL DRIVE

City

NEPTUNE BEACH

State

FL

Zip Code

32266-1518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13221968

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JOHN GRUDE

Mailing Address 8905 SCENIC HARBOR DR

City

LAS VEGAS

State

NV

Zip Code

89117-2300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242091

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. SREENI GUDIMETLA

Mailing Address 1917 TURNER RIDGE DR 2109

City

FORT WORTH

State

TX

Zip Code

76110-2490

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216917

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

305.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
EVELYN GUERNSEY

Mailing Address 606 CANTITOE ST

City State Zip Code  
BEDFORD NY 10506-1107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JP MORGAN CHASE

Occupation  
INVESTMENT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13209393

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
DR. JOSE A. GUETHON

Mailing Address 250 S AUSTRALIAN AVE  
STE 400

City State Zip Code  
WEST PALM BEACH FL 33401-5012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223592

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MS. DIANE GUINZY

Mailing Address 12384 COUNTY HIGHWAY 11

City State Zip Code  
RICHVIEW IL 62877-1400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DR. LOGUALLO

Occupation  
DENTAIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217529

Amount of Each Receipt this Period

155.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1655.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE GUIOCHON

Mailing Address 12010 OLYMPIC DRIVE

City

KNOXVILLE

State

TN

Zip Code

37934-3717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF TENNESSEE

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224434

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID A. GUITRAU

Mailing Address 20342 LA HIGHWAY 42

City

LIVINGSTON

State

LA

Zip Code

70754-4026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229453

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. KRISTEN GULLOTT

Mailing Address 2405 LESLIE AVENUE

City

ALEXANDRIA

State

VA

Zip Code

22301-1112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BROWN RUDNICK

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13247636

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD G. GUMPERTZ

Mailing Address P.O. BOX 2450

City

TOLUCA LAKE

State

CA

Zip Code

91610-0450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
I E E INC.

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245746

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CHERRY GUMZ

Mailing Address 9270 W 750 N

City

NORTH JUDSON

State

IN

Zip Code

46366-9114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238265

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOSEPH N. GUNASEKERA

Mailing Address 574 CALUMET PL

City

DAYTON

State

OH

Zip Code

45434-6286

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE DAYTON HEART CENTER

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244736

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

830.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 402 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. CHARLES GUNNOE

Mailing Address 387 MAGNOLIA AVE  
STE 103

City State Zip Code  
CORONA CA 92879-3308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217377

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. THERESA GUNTHER

Mailing Address 47 CAYUGA RD

City State Zip Code  
FORT LAUDERDALE FL 33308-2949

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13247062

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ALAN GURD

Mailing Address 7970 DARBY'S RUN

City State Zip Code  
CHAGRIN FALLS OH 44023-4839

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223658

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 403 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. BAHMAN GUYURON

Mailing Address 29017 CEDAR ROAD

City

CLEVELAND

State

OH

Zip Code

44124-4073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY HOSPITALS

Occupation

PLASTIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	9

Transaction ID: SA11.13208363

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR BRIAN W. HAAG

Mailing Address 1801 SENATE BLVD STE 635

City

INDIANAPOLIS

State

IN

Zip Code

46202-1212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13217346

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. KAREN HAAK

Mailing Address 2113 SCOON ROAD

City

SUNNYSIDE

State

WA

Zip Code

98944-9157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Transaction ID: SA11.13231426

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1400.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 404 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
LAWRENCE HABER

Mailing Address 5 LIMEHOUSE ST

City State Zip Code  
CHARLESTON SC 29401-2305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236415

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. RUSSELL HABERLE

Mailing Address 1946 E. CHERRY LANE

City State Zip Code  
SOUDERTON PA 18964-1008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HABERLE STEEL INC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202890

Amount of Each Receipt this Period

700.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. JEFF I. HACK

Mailing Address 1 CHASE MANHATTAN PLAZA  
FLOOR 16

City State Zip Code  
NEW YORK NY 10005-1401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JP MORGAN

Occupation  
COO, WORLDWIDE SECURITIES SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13232210

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1950.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 405 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD E. HADDAD

Mailing Address 591 BRENDLYN DRIVE

City

SUWANEE

State

GA

Zip Code

30024-7557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEGGITT TRAINING SYSTEMS,  
INC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13212732

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. LOUIS HAENEL

Mailing Address 25 E LAUREL RD

City

STRATFORD

State

NJ

Zip Code

08084-1322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204850

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. RICHARD HAGEDORN

Mailing Address 5054 GRAY RD.

City

CINCINNATI

State

OH

Zip Code

45232-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220535

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 406 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EVERETT HAGER

Mailing Address P.O. BOX 1379

City

RAMONA

State

CA

Zip Code

92065-0880

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	9

Transaction ID: SA11.13244212

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MISS THEORA PIERCE HAHN

Mailing Address 504 N. GENERAL PERSHING STREET

City

HAMMOND

State

LA

Zip Code

70401-2428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HISTORIC BROADCASTER &amp; LECTURE

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	9

Transaction ID: SA11.13206711

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEVE HAISE

Mailing Address 10346 BLUEGRASS PKWY.

City

LOUISVILLE

State

KY

Zip Code

40299-2230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALL SAFE INDUSTRIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216934

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

450.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 407 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. STEVEN P. HALASZ

Mailing Address 4369 TAMIAMI TRL

City

PORT CHARLOTTE

State

FL

Zip Code

33980-2118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Transaction ID: SA11.13206985

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. STEVEN P. HALASZ

Mailing Address 4369 TAMIAMI TRL

City

PORT CHARLOTTE

State

FL

Zip Code

33980-2118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11.13246991

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RICHARD HALE

Mailing Address 201 HOLLY CIRCLE

City

PORT ANGELES

State

WA

Zip Code

98362-9571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216652

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

400.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 408 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SYBIL D. HALE

Mailing Address 3415 WARWOOD ROAD

City

LAKEWOOD

State

CA

Zip Code

90712-3751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: SA11.13243731

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ALICE F. HALL

Mailing Address 2411 MAIN ST

City

VERNON

State

TX

Zip Code

76384-8159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	9	

Transaction ID: SA11.13235583

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CLIFFORD HALL

Mailing Address 9047 DICKENSON RD

City

WINNEBAGO

State

IL

Zip Code

61088-8933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	9	

Transaction ID: SA11.13220030

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

275.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 409 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOHN HALL

Mailing Address 414 ALBEMARLE SQ

City

CHARLOTTESVILLE

State

VA

Zip Code

22901-7400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATLANTIC COAST ORTHOPAEDIC  
SPECIALISTS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216841

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KEITH HALL

Mailing Address 11365 BEECHER CIRCLE E.

City

JACKSONVILLE

State

FL

Zip Code

32223-7944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13213406

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARC HALL

Mailing Address 635 E. SHORELINE DR.

City

HOLLAND

State

OH

Zip Code

43528-7841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MARCALL RESTAURANT SERVIC-  
ES IN

Occupation  
RESTAURANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243036

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

470.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 410 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. NANCY J. HALL**

Mailing Address **23404 E HERITAGE PKWY**

City State Zip Code  
**AURORA CO 80016-7085**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**320.00**

Date of Receipt

**12 / 03 / 2009**

Transaction ID: SA11.13206326

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM M. HALLAGER**

Mailing Address **113 POLLARD RD**

City State Zip Code  
**LINCOLN NH 03251-4236**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 21 / 2009**

Transaction ID: SA11.13231396

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. DAVID E. HALLBERG**

Mailing Address **1405 RIO BEND COURT**

City State Zip Code  
**GRAPEVINE TX 76051-8801**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BNSF RAILWAY**

Occupation  
**SALES MGR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**800.00**

Date of Receipt

**12 / 15 / 2009**

Transaction ID: SA11.13216577

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILBUR G. HALLEY

Mailing Address 14456 BRONTE DRIVE

City

WHITTIER

State

CA

Zip Code

90602-2753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243305

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. NEDIM HAMARAT

Mailing Address PO BOX 32118

City

SANTA FE

State

NM

Zip Code

87594-2118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BEEKMAN CAPITAL MGMT.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INVESTMENT MANAGER

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13243662

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GREGORY J. HAMER, SR.

Mailing Address P.O. BOX 3608

City

MORGAN CITY

State

LA

Zip Code

70381-3608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
B&G ENTERPRISES L.L.C.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

EXECUTIVE

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13251773

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DR. KENNETH E. HAMILTON, DO**

Mailing Address **3850 S NATIONAL AVE  
 SUITE 400**

City State Zip Code  
**SPRINGFIELD MO 65807-5287**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**COX HEALTH SYSTEMS**

Occupation  
**OB/GYN PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**12 / 04 / 2009**

**Transaction ID: SA11.13207040**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. HOWARD F. HAMMACK**

Mailing Address **2122 GOLDEN EAGLE DR W**

City State Zip Code  
**TALLAHASSEE FL 32312-4036**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**655.00**

Date of Receipt

**12 / 14 / 2009**

**Transaction ID: SA11.13218670**

Amount of Each Receipt this Period

**80.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JOHN PAUL HAMMERSCHMIDT**

Mailing Address **P.O. BOX 999**

City State Zip Code  
**HARRISON AR 72602-0999**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**US CONGRESS**

Occupation  
**CONGRESSMAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**12 / 29 / 2009**

**Transaction ID: SA11.13242928**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**280.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN PAUL HAMMERSCHMIDT

Mailing Address P.O. BOX 999

City

HARRISON

State

AR

Zip Code

72602-0999

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US CONGRESS

Occupation

CONGRESSMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243090

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BEA P. HANEY

Mailing Address P.O. BOX 86

City

CHIRENO

State

TX

Zip Code

75937-0086

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13216117

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BEA P. HANEY

Mailing Address P.O. BOX 86

City

CHIRENO

State

TX

Zip Code

75937-0086

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231036

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALVIN L. HANKS

Mailing Address 11011 NE FINN HILL LOOP

City

CARLTON

State

OR

Zip Code

97111-9507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216481

Amount of Each Receipt this Period

175.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JON HANLON

Mailing Address 2122 E HIGHLAND AVE  
STE 300

City

PHOENIX

State

AZ

Zip Code

85016-4744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217452

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HAL T. HANSEN

Mailing Address 5000 ROYAL MARCO WAY  
APT. 635

City

MARCO ISLAND

State

FL

Zip Code

34145-7802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13238680

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEVE P. HANSON

Mailing Address 5501 E ROAD RUNNER RD

City

PARADISE VALLEY

State

AZ

Zip Code

85253-3330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242549

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH LOCKARD HARBISON

Mailing Address 14308 CANTERBURY DRIVE

City

EDMOND

State

OK

Zip Code

73013-7085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205791

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JIMMY HARDCASTLE

Mailing Address 5811 TED HOLT LANE

City

JACKSONVILLE

State

AR

Zip Code

72076-8513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244701

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

805.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID E. HARDEN

Mailing Address PO BOX 79

City

MC CONNELLSVILLE

State

NY

Zip Code

13401-0079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13231817

Amount of Each Receipt this Period

1200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JAMES R. HARDING

Mailing Address 587 BRIGHT ELBOW RD

City

CEDARCREEK

State

MO

Zip Code

65627-9361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217440

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PHILIP HARDING

Mailing Address 515 DOGLEG DR

City

WILLIAMSBURG

State

VA

Zip Code

23188-7493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13225215

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. NANCY J. HARING, M.D.

Mailing Address 1725 PINE ST

City

MONTGOMERY

State

AL

Zip Code

36106-1109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MONTGOMERY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241048

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT HARKSON

Mailing Address 17610 WESTVIEW RD

City

LAKE OSWEGO

State

OR

Zip Code

97034-6752

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13243766

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOHN HARLER

Mailing Address 1623 SWANSBURY DR

City

RICHMOND

State

VA

Zip Code

23238-4627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216842

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CYNTHIA HARLOW

Mailing Address 2771 COWPER ST

City

PALO ALTO

State

CA

Zip Code

94306-2448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCKHEED MARTIN

Occupation

PROGRAMMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216471

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BARRY HARMAN

Mailing Address 8095 S 200 W

City

CLAYPOOL

State

IN

Zip Code

46510-8991

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
METRONIC

Occupation

MACHINIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207074

Amount of Each Receipt this Period

170.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DAVID G. HARMER

Mailing Address 10911 ASHURST WAY

City

LITTLETON

State

CO

Zip Code

80130-6961

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220084

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GARY H. HARMON

Mailing Address 7819 STATE HIGHWAY 20 W

City

FREEPORT

State

FL

Zip Code

32439-2231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L-3 COMMUNICATIONS

Occupation

MECHANICAL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224182

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. KATHLEEN M. HARMS

Mailing Address 351 SW 9TH ST

City

ONTARIO

State

OR

Zip Code

97914-2639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13225033

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JUDITH A. HARNETT

Mailing Address 360 FOURTH STREET

City

JERSEY CITY

State

NJ

Zip Code

07302-2306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CREDIT SUISSE

Occupation

FINANCIAL/PRODUCT ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245799

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 420 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL H. HARPER

Mailing Address 3225 CANDELARIA RD NE STE B

City

ALBUQUERQUE

State

NM

Zip Code

87107-1925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KANOUSEHARPER & ASSOCIATES

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228804

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EZRA HARRIS

Mailing Address 1853 COOPER ST.

City

KAYSVILLE

State

UT

Zip Code

84037-9698

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205814

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JUSTIN D. HARRIS

Mailing Address 575 S 70TH ST  
SUITE 200

City

LINCOLN

State

NE

Zip Code

68510-2471

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEBRASKA ORTHOPAEDIC AND  
SPORTS MEDICI

Occupation  
PHYSICIAN AND PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217482

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 421 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. KATHLEEN HARRIS

Mailing Address 28 LAUREL MOUNTAIN WAY

City

CALIFON

State

NJ

Zip Code

07830-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2014.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207064

Amount of Each Receipt this Period

900.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HUMES HOUSTON HART

Mailing Address 131 CHURCH ST

City

WAYNESVILLE

State

NC

Zip Code

28786-3769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FREE-LANCE WRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228357

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SAMUEL C. HATHORN

Mailing Address 19819 SKYCOUNTRY LN

City

HOUSTON

State

TX

Zip Code

77094-3017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRENDMAKER HOMES

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233768

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1225.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 422 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. BILL HAYDEN

Mailing Address POB 255

City	State	Zip Code
PITTSBURG	KS	66762-0255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROBBINS INC.Occupation  
TECHNICAL SERVICES MGR.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13217040

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. RICHARD J. HAYDINGER

Mailing Address 78 E. MAIN STREET

City	State	Zip Code
MARLTON	NJ	08053-2142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED COMMUNITIES MANAGE-  
MENTOccupation  
ESTATE OWNER/MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	9

Transaction ID: SA11.13219262

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. ARTHUR HAYES

Mailing Address 6409 RIO BLANCO DRIVE

City	State	Zip Code
RANCHO MURIETA	CA	95683-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LONGS STRUCTUREOccupation  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11.13243758

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

860.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE FLETCHER HAYNES

Mailing Address P.O. BOX 23557

City

KNOXVILLE

State

TN

Zip Code

37933-1557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PEST CONTROL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240809

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM F. HAYS

Mailing Address 501 FOREST DR

City

HERRIN

State

IL

Zip Code

62948-4268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOGAN PRIMARY CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216946

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JIM HAYWORTH

Mailing Address P.O. BOX 279

City

MONTICELLO

State

IN

Zip Code

47960-0279

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J & J H INCORP

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216809

Amount of Each Receipt this Period

170.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

520.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 424 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. STEVEN HEARNE

Mailing Address 106 MILFORD ST. STE. 605

City

SALISBURY

State

MD

Zip Code

21804-6938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DELMARVA HEART, LLC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216938

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CAROLYN M. HEATH

Mailing Address P.O. BOX 306

City

LONDON

State

OH

Zip Code

43140-0306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13229226

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KENNETH A. HECKMAN

Mailing Address 3144 S. WHEELING WAY  
APARTMENT 301

City

AURORA

State

CO

Zip Code

80014-3641

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220222

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 425 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LUANN HEFFELFINGER

Mailing Address 18278 W RIVER RD

City

BOWLING GREEN

State

OH

Zip Code

43402-8619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JOINT MOTION VENTURES, LLC

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220752

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD E. HEFFNER

Mailing Address 884 TYSON AVE

City

ROSLYN

State

PA

Zip Code

19001-4309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243302

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BONNIE HEIDORN

Mailing Address 15 DYARS MILL RD

City

CAPE MAY COURT HOU

State

NJ

Zip Code

08210-2031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

584.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236149

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 426 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. STEPHEN HEIM

Mailing Address 30W249 MAPLE TREE LN

City

WAYNE

State

IL

Zip Code

60184-2426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ORTHOPAEDIC ASSOC. OF DUP-  
AGE

Occupation  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230702

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HAROLD D. HEIN

Mailing Address 7087 PARFET STREET

City

ARVADA

State

CO

Zip Code

80004-1347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13245013

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROWLAND F. HEIN

Mailing Address 726 LOVEVILLE RD., STE. CTG-53

City

HOCKESSIN

State

DE

Zip Code

19707-1515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202962

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 427 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. GAIL L. HEINE

Mailing Address 171 COMMERCE ST

City

GRETNA

State

LA

Zip Code

70056-7029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235063

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HILTON E. HEINEKE

Mailing Address 1121 N FOX RIDGE LINKS DR.

City

VINCENNES

State

IN

Zip Code

47591-5039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206548

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LEE HEINE

Mailing Address PO BOX 331

City

WATERTOWN

State

WI

Zip Code

53094-0331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DADANT SONS INC

Occupation

BRANCH MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236119

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 428 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. NORMA HEINEN

Mailing Address 11022 FM 2641

City

SHALLOWATER

State

TX

Zip Code

79363-4301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

569.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217044

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. STEPHEN HEINZ

Mailing Address 10101 RIDGEGATE PKWY

City

LONE TREE

State

CO

Zip Code

80124-5522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216928

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LT. GEN. R. V. HEISER

Mailing Address 4104 LAS PALMAS WAY

City

SARASOTA

State

FL

Zip Code

34238-4532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220037

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 429 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARIAN E. HEISMANN

Mailing Address 7340 VILLAGE DRIVE

City

MASON

State

OH

Zip Code

45040-1496

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224664

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES S. HELBING

Mailing Address 6161 HAZELHATCH DR

City

INDIANAPOLIS

State

IN

Zip Code

46228-1130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208815

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. REGINA B. HELDRICH

Mailing Address 239 HARRISON AVENUE

City

HIGHLAND PARK

State

NJ

Zip Code

08904-1815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227496

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1075.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 430 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JOAN HELLER

Mailing Address 350 W 88TH ST APT 817

City

NEW YORK

State

NY

Zip Code

10024-2206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEDERLANDER PRODUCING CO.

Occupation

USHERETTE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207438

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID HELLMANN

Mailing Address 8737 WILDEWOOD DR

City

WORDEN

State

IL

Zip Code

62097-1254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216579

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SHIRLEY HELM

Mailing Address 61 MOLENSTRAAT

City

VISALIA

State

CA

Zip Code

93277-8326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235568

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 431 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM HEMBREE

Mailing Address 721 ELDORADO BLVD

City

BROOMFIELD

State

CO

Zip Code

80021-8817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCESS DATA CONSULTING CO-  
RP.

Occupation

SOFTWARE DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13206270

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM HEMBREE

Mailing Address 721 ELDORADO BLVD

City

BROOMFIELD

State

CO

Zip Code

80021-8817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCESS DATA CONSULTING CO-  
RP.

Occupation

SOFTWARE DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13247048

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM HEMBREE

Mailing Address 721 ELDORADO BLVD

City

BROOMFIELD

State

CO

Zip Code

80021-8817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCESS DATA CONSULTING CO-  
RP.

Occupation

SOFTWARE DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13247445

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 432 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DEBRA HEMSATH

Mailing Address 8787 BRYAN DAIRY ROAD #250

City

LARGO

State

FL

Zip Code

33777-1259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13237279

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWARD N. HENDERSON

Mailing Address 501 SOUTHFIELD ROAD

City

SHREVEPORT

State

LA

Zip Code

71106-2215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233156

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LEE W. HENDRICKSON

Mailing Address 3465 N EIGER MOUNTAIN RD

City

FLAGSTAFF

State

AZ

Zip Code

86004-1721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INGERSOL

Occupation

REGIONAL SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13234377

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 433 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT B. HENDRY

Mailing Address 12900 E. LOOP 1604 N.  
APT 718

City State Zip Code  
UNIVERSAL CTY TX 78148-3176

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244242

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SARAH HENDRICKSON

Mailing Address 2772 SHADE RD

City State Zip Code  
AKRON OH 44333-1975

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13212359

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. CLARENCE E. HENKE

Mailing Address PO BOX 1061

City State Zip Code  
MORRISON CO 80465-5061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216531

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

610.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 434 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. NANCY B. HENKE

Mailing Address 425 VILLAGE DRIVE

City

DAHPNE

State

AL

Zip Code

36526-4003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236664

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. VINCENT HENNESSY

Mailing Address 5914 SHERBORN LANE

City

SPRINGFIELD

State

VA

Zip Code

22152-1035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246010

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWARD TIMOTHY HENNIG

Mailing Address N31W23856 OLD FARM CT

City

PEWAUKEE

State

WI

Zip Code

53072-4090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAF ADVISORS

Occupation  
RELATIONSHIP MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13247387

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 435 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MS. GINA HENNON

Mailing Address 102 LUDWIG RD

City

NEW CASTLE

State

PA

Zip Code

16105-1226

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	0	9

Transaction ID: SA11.13219562

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM HENRY

Mailing Address 2842 N. WEDGEWOOD DRIVE

City

WICHITA

State

KS

Zip Code

67204-5029

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
ASSOCIATED INDUSTRIES, IN-  
C.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ASSISTANT MANAGER

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	0	9

Transaction ID: SA11.13219598

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EARL HENSLEY

Mailing Address 77 MAULDIN RD

City

QUITMAN

State

AR

Zip Code

72131-8925

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	9

Transaction ID: SA11.13208645

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 436 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAY HENSLEY

Mailing Address 404 S 6TH ST

City

TIPP CITY

State

OH

Zip Code

45371-1631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRECISION TUNE AUTO CARE

Occupation

SHOP MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13216354

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL D. HENTIGAN

Mailing Address PO BOX 16228

City

FERNANDINA BEACH

State

FL

Zip Code

32035-3121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HENTIGAN BRACE AND ASSOCI-  
ATES

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13227173

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LORRAINE HEPPNER

Mailing Address 555 W DANLEE ST

City

AZUSA

State

CA

Zip Code

91702-2342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEPPNER HARDWOODS, INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217159

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 437 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD F. HERBST

Mailing Address 18 DOGWOOD DR

City

SUMMIT

State

NJ

Zip Code

07901-2923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	9

Transaction ID: SA11.13219047

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD F. HERBST

Mailing Address 18 DOGWOOD DR

City

SUMMIT

State

NJ

Zip Code

07901-2923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: SA11.13224827

Amount of Each Receipt this Period

65.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BOB HERD

Mailing Address 572 STONEWICK DR

City

SAINT LOUIS

State

MO

Zip Code

63125-5544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Transaction ID: SA11.13239886

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

190.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BOB HERD

Mailing Address 572 STONEWICK DR

City

SAINT LOUIS

State

MO

Zip Code

63125-5544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246018

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. HUMBERTO HERNANDEZ

Mailing Address 7500 SW 8TH ST  
# 303

City

MIAMI

State

FL

Zip Code

33144-4400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229373

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL N. HERR

Mailing Address 48 ROBIN RD.

City

HERSHEY

State

PA

Zip Code

17033-1849

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220549

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RALPH R. HERRICK

Mailing Address 9404 GREEN HILL CIRCLE

City

BRENTWOOD

State

TN

Zip Code

37027-8443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Transaction ID: SA11.13240296

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RODNEY HERRIN

Mailing Address 1301 S KOKE MILL RD

City

SPRINGFIELD

State

IL

Zip Code

62711-9252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Transaction ID: SA11.13206981

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LORETTA M. HERRMANN

Mailing Address 4409 SEVILLE LANE

City

MCKINNEY

State

TX

Zip Code

75070-4437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	9

Transaction ID: SA11.13242103

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

950.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JERRELL D. HERRON

Mailing Address 918 COUNTY ROAD 3600

City

KEMPNER

State

TX

Zip Code

76539-3459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13237025

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DANIEL L. HERTZ, III

Mailing Address P.O. BOX 407

City

RED BANK

State

NJ

Zip Code

07701-0407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SEALS EASTERN INC

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227126

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MISS EDITH K. HEULER

Mailing Address 19191 HARVARD AVE  
APT 118E

City

IRVINE

State

CA

Zip Code

92612-4658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228811

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARK C. HICKS

Mailing Address 805 XANADU CT

City

JOHNSON CITY

State

TN

Zip Code

37604-3095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243038

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. TEENA K. HICKS

Mailing Address 1201 BROAD ACRES DR

City

NORMAN

State

OK

Zip Code

73072-3408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TENA HICKS COMPANY

Occupation  
OWNER&OPERATOR MENS CLOTHING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220578

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GREG E. HIETPAS

Mailing Address 5 LAGUNA PLACE

City

ODESSA

State

TX

Zip Code

79761-2214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LUBOSCOPE

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13231743

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
JOHN HIGGINS

Mailing Address 2926 WEST PENDLETON AVENUE

City State Zip Code  
SANTA ANA CA 92704-4939

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CUSTOM DISPLAY SOLUTIONS,  
INC.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13209394

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. JAMES W. HILL, III

Mailing Address 547 HOUSTON LN

City State Zip Code  
WOODBURY TN 37190-1670

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205445

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. JAMES W. HILL, III

Mailing Address 547 HOUSTON LN

City State Zip Code  
WOODBURY TN 37190-1670

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228640

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SARAH B. HILL

Mailing Address 2929 BUFFALO SPEEDWAY

City

HOUSTON

State

TX

Zip Code

77098-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239205

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SHIRLEY J. HILL

Mailing Address 708 SCARLET DR.

City

PHARR

State

TX

Zip Code

78577-6816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236296

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. EILEEN HILLESLAND

Mailing Address 31150 434TH AVENUE

City

YANKTON

State

SD

Zip Code

57078-6748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSULTING DIETITICIAN BUSINESS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13216290

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDWARD HILLINGS

Mailing Address 3904 COLONEL ELLIS AVENUE

City

ALEXANDRIA

State

VA

Zip Code

22304-1704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13247054

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JOSEPH E. HILLS

Mailing Address 3800 S NATIONAL AVE  
400

City

SPRINGFIELD

State

MO

Zip Code

65807-5209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FERRILL DUNCAN CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217461

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LILA J. HILLS

Mailing Address 39495 CASCADIA VILLAGE DR  
APT 160

City

SANDY

State

OR

Zip Code

97055-6392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205576

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

420.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ELLWOOD P. HINMAN

Mailing Address 404 FOREST TRL

City

MONTGOMERY

State

AL

Zip Code

36117-7500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13238742

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRUCE HINRICHS

Mailing Address 7151 ASPEN DR

City

WEST DES MOINES

State

IA

Zip Code

50266-2404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CYLIKON.NET INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

COMPUTER PROGRAMMER

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242526

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BRUCE HINRICHS

Mailing Address 7151 ASPEN DR

City

WEST DES MOINES

State

IA

Zip Code

50266-2404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CYLIKON.NET INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

COMPUTER PROGRAMMER

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13247394

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. VIRA L. HLADUN-GOLDMANN

Mailing Address 721 5TH AVE

City

NEW YORK

State

NY

Zip Code

10022-2537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223910

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ANNA M. HOAGLAN

Mailing Address 18664 NE WOODINVILLE DUVALL RO

City

WOODINVILLE

State

WA

Zip Code

98077-6120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241411

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JACK B. HOBSON, SR.

Mailing Address 926 CHEROKEE ROAD

City

CHARLOTTE

State

NC

Zip Code

28207-2242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

889.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225572

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN A. HOCHSTETLER

Mailing Address 316 MEUSE ARGONNE ST

City

HICKSVILLE

State

OH

Zip Code

43526-1144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13243755

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ERNEST HODNETT

Mailing Address 5043 S. LOFTUS COURT

City

NEW BERLIN

State

WI

Zip Code

53151-7550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13221489

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MISS ELIZABETH V. HOENSHELL

Mailing Address 1311 1/2 E LOMBARD STREET

City

DAVENPORT

State

IA

Zip Code

52803-2444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PLANT EQUIPMENT COMPANY

Occupation  
OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222021

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

295.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KEN R. HOFFER

Mailing Address 158 E CAMP PERRY RD

City

HERTFORD

State

NC

Zip Code

27944-7800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOFFER FLOW CONTROLS INC.

Occupation

CEO / OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217494

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JOYCE E. HOFSTRA

Mailing Address 23805 NALL RD

City

LOUISBURG

State

KS

Zip Code

66053-7242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223812

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ANDREW R. HOGAN

Mailing Address 2603 49TH STREET

City

LUBBOCK

State

TX

Zip Code

79413-4521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210700

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

330.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE C. HOHL

Mailing Address 4800 W 87TH ST

City

PRAIRIE VLG

State

KS

Zip Code

66207-1848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SALVATOR COMPANY

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13232785

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SHIRLEY A. HOHL

Mailing Address 5308 MONROE AVE

City

SAN DIEGO

State

CA

Zip Code

92115-3427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208767

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES HOITASH

Mailing Address 4680 IRONSTONE LN

City

WEST LAFAYETTE

State

IN

Zip Code

47906-8747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13206799

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES HOITASH

Mailing Address 4680 IRONSTONE LN

City

WEST LAFAYETTE

State

IN

Zip Code

47906-8747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214421

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. HANNAH R. HOLBROOK

Mailing Address 4372 WEBB RD

City

JAMESTOWN

State

OH

Zip Code

45335-9762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RENTALS AND RETALS

Occupation  
REGIONAL SALES COORDINATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223825

Amount of Each Receipt this Period

130.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS G. HOLDERFIELD JR, JR.

Mailing Address 124 N TWIN LAKES RD

City

COCOA

State

FL

Zip Code

32926-8731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217074

Amount of Each Receipt this Period

114.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

329.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM F. HOLEKAMP

Mailing Address 5 BARCLAY WOODS

City

ST. LOUIS

State

MO

Zip Code

63124-1108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE HOLEKAMP COMPANY

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13250452

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CAROL W. HOLLAND

Mailing Address 2222 PINELLAS POINT DR S

City

ST PETERSBURG

State

FL

Zip Code

33712-5848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217034

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE D. HOLLAND

Mailing Address 5727 63RD AVE. N. E.

City

SEATTLE

State

WA

Zip Code

98105-2039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE & HEALTH. UNDERWRITE-  
RS IN

Occupation  
INSURANCE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227281

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

25500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN HOLLAND

Mailing Address 364 PIEDMONT HWY

City

CEDARTOWN

State

GA

Zip Code

30125-5200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOLLAND FERTILIZER CO

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207003

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOHN J. HOLLISTER

Mailing Address 103 DOCTORS PARK

City

STARKVILLE

State

MS

Zip Code

39759-2174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227407

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. GARLAND HOLLOMAN

Mailing Address 1360 RIVERWOOD DR

City

JACKSON

State

MS

Zip Code

39211-4702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217770

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. GARLAND HOLLOMAN

Mailing Address 1360 RIVERWOOD DR

City

JACKSON

State

MS

Zip Code

39211-4702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
PHYSICIAN

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230718

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LAWRENCE M. HOLM

Mailing Address 6653 BELLHURST LN

City

CASTRO VALLEY

State

CA

Zip Code

94552-1656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220537

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. HAL HOLMES

Mailing Address PO BOX 1659

City

CONWAY

State

SC

Zip Code

29528-1659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202892

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

COL. EDWARD Y. HOLT, JR.

Mailing Address 100 E. OCEAN VIEW AVENUE  
SUITE 1103

City State Zip Code  
NORFOLK VA 23503-1635

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231255

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

COL. EDWARD Y. HOLT, JR.

Mailing Address 100 E. OCEAN VIEW AVENUE  
SUITE 1103

City State Zip Code  
NORFOLK VA 23503-1635

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235441

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ALFRED HOLZHEU

Mailing Address 1384 RIBE RD.  
APT. 506

City State Zip Code  
SOLVANG CA 93463-2067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EL RANCHO MARKET

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13227208

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL HONER

Mailing Address 4083 WAYNICK MEADOW RD

City

ASHEBORO

State

NC

Zip Code

27205-1761

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217665

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. WAYNE HONEYCUTT

Mailing Address 3330 MASONIC DR

City

ALEXANDRIA

State

LA

Zip Code

71301-3841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204789

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. VENDIE H. HOOKS

Mailing Address 1348 WALTON WAY  
SUITE 6500

City

AUGUSTA

State

GA

Zip Code

30901-5111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COLON AND RECTAL SURGERY  
ASSOCIATES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216740

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

960.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. HELENE HOOVER

Mailing Address 2645 E SOUTHERN AVE APT A235

City

TEMPE

State

AZ

Zip Code

85282-7689

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207828

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SHARON F. HOOVER

Mailing Address 1915 MULSANNE DR

City

ZIONSVILLE

State

IN

Zip Code

46077-9077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13212694

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ANTHONY J. HORAN

Mailing Address 400 EAST 52ND. STREET  
APARTMENT 11C

City

NEW YORK

State

NY

Zip Code

10022-6407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JP MORGAN CHASE BANK

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13251778

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1190.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 457 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JEFFIE J. HORN

Mailing Address 13545 N 3980 RD

City

DEWEY

State

OK

Zip Code

74029-3960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Transaction ID: SA11.13208408

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ELSIE HORNER

Mailing Address P.O. BOX 6435

City

KENT

State

WA

Zip Code

98064-6435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	9

Transaction ID: SA11.13205015

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ELSIE HORNER

Mailing Address P.O. BOX 6435

City

KENT

State

WA

Zip Code

98064-6435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Transaction ID: SA11.13208785

Amount of Each Receipt this Period

20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

540.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 458 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ELSIE HORNER

Mailing Address P.O. BOX 6435

City

KENT

State

WA

Zip Code

98064-6435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: SA11.13233604

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ELSIE HORNER

Mailing Address P.O. BOX 6435

City

KENT

State

WA

Zip Code

98064-6435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: SA11.13245919

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KENNETH L. HORNE

Mailing Address 108 TROUP HWY

City

TYLER

State

TX

Zip Code

75701-4250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
INTERIOR DESIGNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	9	

Transaction ID: SA11.13235471

Amount of Each Receipt this Period

375.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

415.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 459 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RANDY HORRAS

Mailing Address 6305 HUMPHREYS BOULEVARD  
SUITE 205

City State Zip Code  
MEMPHIS TN 38120-2379

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230700

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PATRICK E. HOSFORD

Mailing Address 26402 MCDONALD RD

City State Zip Code  
THE WOODLANDS TX 77380-1359

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217174

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARGARET E. HOSKOVEC

Mailing Address 3056 SUNNYBRAE CIR

City State Zip Code  
PRESCOTT AZ 86303-5769

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241452

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 460 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MOHAMOAD SALIM HOSSAIN

Mailing Address 198 CHERRY LANE

City

FLORAL PARK

State

NY

Zip Code

11001-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JAMAICA HAIR SUPPLY

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208748

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS K. HOSTETLER

Mailing Address 4432 MOUNT VERNON PLACE

City

DECATUR

State

IL

Zip Code

62521-8790

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

551.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207898

Amount of Each Receipt this Period

41.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS K. HOSTETLER

Mailing Address 4432 MOUNT VERNON PLACE

City

DECATUR

State

IL

Zip Code

62521-8790

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

551.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239252

Amount of Each Receipt this Period

255.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

326.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 461 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. KENNETH HOUGHMASTER

Mailing Address 14311 ORCHARD POINT RD

City

ALPENA

State

MI

Zip Code

49707-9121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207006

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JERRY R. HOUSE

Mailing Address 1001 23RD ST

City

HONDO

State

TX

Zip Code

78861-2860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13213649

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JERRY R. HOUSE

Mailing Address 1001 23RD ST

City

HONDO

State

TX

Zip Code

78861-2860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244217

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

205.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 462 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DR. VIRGINIA HOUSERMAN**

Mailing Address **2006 BROOKWOOD MEDICAL CTR DR**  
**SUITE 508**

City State Zip Code  
**BIRMINGHAM AL 35209-6823**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 02 / 2009**

Transaction ID: SA11.13204791

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. HANNAH HOUSMAN**

Mailing Address **1047 50TH STREET**  
**APARTMENT 2**

City State Zip Code  
**BROOKLYN NY 11219-3340**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**336.00**

Date of Receipt

**12 / 22 / 2009**

Transaction ID: SA11.13229680

Amount of Each Receipt this Period

**130.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. CLARA H. HOWARD**

Mailing Address **148 PRINCE ROYAL DR**

City State Zip Code  
**CORTE MADERA CA 94925-2031**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**460.00**

Date of Receipt

**12 / 15 / 2009**

Transaction ID: SA11.13216511

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**540.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 463 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HARVEY J. HOWARD

Mailing Address 223 RICHMOND STREET

City

LANCASTER

State

KY

Zip Code

40444-1104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205529

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. NANCY A. HOWARD

Mailing Address 14491 E 530 RD

City

COLCORD

State

OK

Zip Code

74338-2949

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246977

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RALPH M. HOWARD

Mailing Address 6000 PELICAN BAY BLVD.

City

NAPLES

State

FL

Zip Code

34108-8149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220256

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT L. HOWARD

Mailing Address 3328 MAIN ST

City

WAITSFIELD

State

VT

Zip Code

05673-6042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217708

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS M. HOWARD

Mailing Address 1752 WINDSOR LN.

City

SANTA ANA

State

CA

Zip Code

92705-3444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229473

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. W. GREG HOWINGTON

Mailing Address 6120 POWERS FERRY ROAD NW  
SUITE 130

City

ATLANTA

State

GA

Zip Code

30339-2948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WGH CONTRACTORS LLC

Occupation

CONSTRUCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227557

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

570.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 465 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FREDERICK HOWLEY

Mailing Address P.O. BOX 3038

City

MAMMOTH LAKES

State

CA

Zip Code

93546-3038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242558

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SCOTT W. HOWLETT

Mailing Address 14 CRYSTAL TREE PASS

City

HENDERSON

State

NV

Zip Code

89052-6701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222964

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JEAN G. HUBBARD

Mailing Address 2618 E. DEVON STREET

City

TUCSON

State

AZ

Zip Code

85716-5506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215414

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. CARL HUBBELL

Mailing Address 3127 COLLEGE STREET

City

BEAUMONT

State

TX

Zip Code

77701-4609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BEAUMONT PEDIATRIC CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13212968

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CAROL D. HUDGENS

Mailing Address 2020 REAL DR.

City

WACO

State

TX

Zip Code

76712-8453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

IND MARY KAY BEAUTY CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242537

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL D. HUDGENS

Mailing Address 5275 SUNSET DR

City

LITTLETON

State

CO

Zip Code

80123-1418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCHLEMBERGER

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13227158

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS W. HUDSON, JR.

Mailing Address 12071 SE PRESTWICK TER.

City

TEQUESTA

State

FL

Zip Code

33469-1748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13242739

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY B. HUEBNER

Mailing Address P.O. BOX 566

City

BAY CITY

State

TX

Zip Code

77404-0566

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215270

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GENE HUEBNER

Mailing Address 7737 SOUTHWEST FWY  
SUITE 700

City

HOUSTON

State

TX

Zip Code

77074-1820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202881

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PETER R. HUESSY

Mailing Address 7526 CODDLE HARBOR LN

City

POTOMAC

State

MD

Zip Code

20854-3249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NATIONAL DEFENSE UNIVERSI-  
TY

Occupation

DEFENSE ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13227155

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM D. HULKONEN

Mailing Address 7530 GREEN ROCK RD

City

SIDE LAKE

State

MN

Zip Code

55781-8498

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INSPECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216479

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT HUMMERT

Mailing Address 12908 SUNSET BLUFF

City

ST LOUIS

State

MO

Zip Code

63127-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GRIMCO

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236377

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

380.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LOIS HUMPHREY

Mailing Address 1512 LAWRENCE WAY

City

ANDERSON

State

IN

Zip Code

46013-5602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205587

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LOIS HUMPHREY

Mailing Address 1512 LAWRENCE WAY

City

ANDERSON

State

IN

Zip Code

46013-5602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215988

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LINDA SUE HUNG

Mailing Address 2650 PLUMAS ST APT 20

City

RENO

State

NV

Zip Code

89509-4197

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207521

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 470 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

T. E. HUNLEY

Mailing Address 529 CLEMATIS DR

City

NASHVILLE

State

TN

Zip Code

37205-3163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238277

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LLOYD R. HUNSAKER

Mailing Address 293 W. 500 S.

City

LOGAN

State

UT

Zip Code

84321-5222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207404

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LLOYD R. HUNSAKER

Mailing Address 293 W. 500 S.

City

LOGAN

State

UT

Zip Code

84321-5222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219625

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALEXANDER T. HUNT, JR.

Mailing Address 124 LLANFAIR DRIVE

City

RUSTON

State

LA

Zip Code

71270-8508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244590

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LYNNE HUNT

Mailing Address 2029 CAHABA CREST DR

City

BIRMINGHAM

State

AL

Zip Code

35242-4416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MILLENNIUM PHARMESEUTICALS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHARMACEUTICAL SALES REP

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202906

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JERRY HUNTER

Mailing Address 245 UNION BOULEVARD

City

ST. LOUIS

State

MO

Zip Code

63108-1222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRYAN CAVE LLP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ATTORNEY

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13247252

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. RICHARD K. HUNTLEY**

Mailing Address **74 BEVIN ROAD**

City State Zip Code  
**NORTHPORT NY 11768-1134**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NORTHPORT MARKETING, INC.**

Occupation  
**PRESIDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**520.00**

Date of Receipt

**12 / 15 / 2009**

**Transaction ID: SA11.13216499**

Amount of Each Receipt this Period

**260.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. CARRILOU W. HURLBUT**

Mailing Address **P.O. BOX 458**

City State Zip Code  
**BELLEVUE WA 98009-0458**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INVESTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**12 / 04 / 2009**

**Transaction ID: SA11.13208768**

Amount of Each Receipt this Period

**500.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JERRY B. HURST**

Mailing Address **592 S 11TH AVE**

City State Zip Code  
**HANFORD CA 93230-5357**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JJ'S RENTALS**

Occupation  
**OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**630.00**

Date of Receipt

**12 / 29 / 2009**

**Transaction ID: SA11.13238264**

Amount of Each Receipt this Period

**210.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**970.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT H. HURT**

Mailing Address **2260 48TH STREET NW**

City State Zip Code  
**WASHINGTON DC 20007-1035**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**12 / 07 / 2009**

**Transaction ID: SA11.13212730**

Amount of Each Receipt this Period

**1000.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. N. RICHARD HUSER**

Mailing Address **2611 WINDRIDGE COURT**

City State Zip Code  
**FORT WAYNE IN 46845-1921**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 23 / 2009**

**Transaction ID: SA11.13234759**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. N. RICHARD HUSER**

Mailing Address **2611 WINDRIDGE COURT**

City State Zip Code  
**FORT WAYNE IN 46845-1921**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 30 / 2009**

**Transaction ID: SA11.13244827**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**1100.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MS. BOBBIE RAE HUSS

Mailing Address P.O. BOX 3846

City State Zip Code  
WOFFORD HEIGHTS CA 93285-3846

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235351

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MRS. HELEN R. HUTCHINSON

Mailing Address 101 TABLE MOUNTAIN DR

City State Zip Code  
ELLENSBURG WA 98926-9051

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228782

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. JOHNNY H. HUTTO, SR.

Mailing Address 221 MEADOWLINKS DRIVE

City State Zip Code  
FORT GAINES GA 39851-2605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222123

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. JOHNNY H. HUTTO, SR.**

Mailing Address **221 MEADOWLINKS DRIVE**

City State Zip Code  
**FORT GAINES GA 39851-2605**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**336.00**

Date of Receipt

**12 / 18 / 2009**

**Transaction ID: SA11.13228816**

Amount of Each Receipt this Period

**60.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**DR. EDWARD J. HUYCKE**

Mailing Address **3208 ROCK HOLLOW RD.**

City State Zip Code  
**OKLAHOMA CITY OK 73120-1928**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**12 / 22 / 2009**

**Transaction ID: SA11.13232633**

Amount of Each Receipt this Period

**250.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**DR. JOHN HWANG**

Mailing Address **1211 N 16TH AVENUE**

City State Zip Code  
**YAKIMA WA 98902-1347**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 28 / 2009**

**Transaction ID: SA11.13241036**

Amount of Each Receipt this Period

**300.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**610.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 476 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
DR GLENN A. HYATT

Mailing Address 233 WESTWIND WAY

City State Zip Code  
DRESHER PA 19025-1419

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MAPLE GLEN MEDICAL ASSOCI-  
ATES

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216621

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. OLIN V. HYDE

Mailing Address 117 WEST SQUARE DR

City State Zip Code  
RICHMOND VA 23238-6156

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217703

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. CHARLES S. IANNAZZO

Mailing Address 33 CONTEMPRA CIRCLE

City State Zip Code  
TAPPAN NY 10983-2038

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13237339

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 477 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. AGUSTIN IBARROLA

Mailing Address 160 JOHN F KENNEDY DR  
STE 204

City State Zip Code  
ATLANTIS FL 33462-6633

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13231763

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. INGLESE

Mailing Address 75 S. CANTERBURY COURT

City State Zip Code  
LAKE FOREST IL 60045-2340

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13226936

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD K. INGOLIA

Mailing Address 4909 HARING COURT

City State Zip Code  
METAIRIE LA 70006-1024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235530

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

540.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 478 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. IRVINE

Mailing Address 703 AVENIDA PEQUENA

City

SANTA BARBARA

State

CA

Zip Code

93111-1415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	0		2	0	0	9

Transaction ID: SA11.13214441

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DANA J. ISAACSON

Mailing Address 9353 HYLAND CREEK CIR

City

BLOOMINGTON

State

MN

Zip Code

55437-1958

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	9

Transaction ID: SA11.13215924

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

COL. RUTH M. ISHAM

Mailing Address 708 PLUMBROOK ROAD

City

SUN CITY CENTER

State

FL

Zip Code

33573-6417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	0	9

Transaction ID: SA11.13219572

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

430.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**COL. RUTH M. ISHAM**

Mailing Address **708 PLUMBROOK ROAD**

City State Zip Code  
**SUN CITY CENTER FL 33573-6417**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**270.00**

Date of Receipt

**12 / 22 / 2009**

**Transaction ID: SA11.13232508**

Amount of Each Receipt this Period

**30.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MS. ELIZABETH IVEY**

Mailing Address **1975 STOCKTON WALK LANE**

City State Zip Code  
**SNELLVILLE GA 30078-2376**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**390.00**

Date of Receipt

**12 / 17 / 2009**

**Transaction ID: SA11.13223779**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MS. ELIZABETH IVEY**

Mailing Address **1975 STOCKTON WALK LANE**

City State Zip Code  
**SNELLVILLE GA 30078-2376**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**390.00**

Date of Receipt

**12 / 22 / 2009**

**Transaction ID: SA11.13229450**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**80.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DIANE M. IZANT

Mailing Address 165 HORSESHOE CIR

City

ATHENS

State

GA

Zip Code

30605-3423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13223055

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICH E. JABLONSKI

Mailing Address P.O. BOX 192

City

COLUMBUS

State

NE

Zip Code

68602-0192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARL CREDIT SERVICES, INC.

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236365

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. VIRGINIA SUE JACKMAN

Mailing Address 171 MOUND STREET

City

LONDON

State

OH

Zip Code

43140-1323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241015

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 481 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. JACKOLA

Mailing Address 1177 HILLCREST LANE

City

WOODRIDGE

State

IL

Zip Code

60517-7551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J.B. HUNT TRANSPORT, INC.

Occupation

TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218278

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRIAN T. JACKSON

Mailing Address 7014 SHAY CT  
APT 2

City

HIGHLAND

State

CA

Zip Code

92346-7700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241657

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DEBRA W. JACKSON

Mailing Address 29302 BINEFIELD ST

City

SPRING

State

TX

Zip Code

77386-2410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TEJAS MACHINES INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229535

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 482 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS H. JACKSON

Mailing Address 309 OLD MOUNT JULIET RD

City

MOUNT JULIET

State

TN

Zip Code

37122-3418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HALDEX

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238290

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LORENA M. JAEB

Mailing Address P.O. BOX 428

City

MANGO

State

FL

Zip Code

33550-0428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INVESTMENTS & REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.1322282

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ANN JAGER

Mailing Address 2723 230TH ST

City

LAKE CITY

State

FL

Zip Code

32024-2507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INSURANCE ADJUSTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220468

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

620.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 483 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JUDITH G. JAGLIN

Mailing Address 400 E RANDOLPH ST  
APT 1230

City State Zip Code  
CHICAGO IL 60601-5066

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RUSH UNIV. MEDICAL CENTER

Occupation  
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217474

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD P. JAHNKE

Mailing Address 1002 HAWTHORN DR

City State Zip Code  
WAUKESHA WI 53188-2958

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215728

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MISS ROSE JALLEO

Mailing Address 20107 BALTAR ST

City State Zip Code  
WINNETKA CA 91306-1829

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220844

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MISS ROSE JALLEO

Mailing Address 20107 BALTA ST

City

WINNETKA

State

CA

Zip Code

91306-1829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245522

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRYAN JAMAR

Mailing Address P.O. BOX 9263

City

SANTA ROSA

State

CA

Zip Code

95405-1263

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215890

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN N. JAMESON

Mailing Address PO BOX 453

City

PLAISTOW

State

NH

Zip Code

03865-0453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTMENT ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13231836

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. HELEN E. JANKOWSKI

Mailing Address 27523 SUN CITY BLVD

City

SUN CITY

State

CA

Zip Code

92586-2209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13221663

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JEREMY JANSSEN

Mailing Address 11105 WELLAND ST

City

GAITHERSBURG

State

MD

Zip Code

20878-4862

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208628

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LEONARD R. JASKOL

Mailing Address 9660 MASHIE CT

City

NAPLES

State

FL

Zip Code

34108-1996

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13247374

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ROBERT G. JEFFERS

Mailing Address 3334 WHITE OAK RD

City

RALEIGH

State

NC

Zip Code

27609-7619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JEFFERS, MANN, AND ARTMAN  
PEDIATRICS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217709

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BRENDA C. JENKINS

Mailing Address 19002 FITZGERALD LN.

City

COVINGTON

State

LA

Zip Code

70435-7531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229506

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SHIRLEY JENKINS

Mailing Address P.O. BOX 306

City

ALCESTER

State

SD

Zip Code

57001-0306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13234187

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

420.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LLOYD E. JENNINGS

Mailing Address 24612 AVIGNON DRIVE

City

VALENCIA

State

CA

Zip Code

91355-4905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239531

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARY JENSEN

Mailing Address 19793 VAIL AVE

City

CLARKSVILLE

State

IA

Zip Code

50619-9652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JENSEN-WHITE HILLSIDE DAI-  
RY LTD.

Occupation  
BOOKKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217646

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM H. JERNIGAN

Mailing Address 1257 EDGEWATER POINT DRIVE

City

SEBRING

State

FL

Zip Code

33870-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
VETERINARIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235848

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

IRA JERSEY

Mailing Address 46 BROOKSIDE LANE

City

BERKELEY HEIGHTS

State

NJ

Zip Code

07922-2407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RBC CAPITAL MARKETS

Occupation

FIXED INCOME STRATEGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 9

Transaction ID: SA11.13227138

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES E. JESTICE

Mailing Address 3213 RAYMOND DR

City

MIDDLETOWN

State

OH

Zip Code

45042-2548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13232909

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD JOCELYN

Mailing Address 139 N. BELMONT ST.  
APARTMENT O.

City

GLENDALE

State

CA

Zip Code

91206-4910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241466

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. PAULA L. JOHANNES

Mailing Address 5244 185TH AVENUE SW

City

ROCHESTER

State

WA

Zip Code

98579-9118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209686

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. PAULA L. JOHANNES

Mailing Address 5244 185TH AVENUE SW

City

ROCHESTER

State

WA

Zip Code

98579-9118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13232821

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. A LOWELL JOHNSON

Mailing Address 571 ORIOLE LN

City

CORONA

State

CA

Zip Code

92879-3134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227672

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ELDRIDGE R. JOHNSON II

Mailing Address P.O. BOX 357

City

EDGEMONT

State

PA

Zip Code

19028-0357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208506

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ERIC JOHNSON

Mailing Address 837 S PARK TRAIL DR.

City

CARMEL

State

IN

Zip Code

46032-4219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202941

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GERALD L. JOHNSON

Mailing Address 101 LELLAN AVE

City

HARRISON

State

OH

Zip Code

45030-1416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230260

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GUY E. JOHNSTON

Mailing Address 3201 CONIFER DR  
APARTMENT 26

City State Zip Code  
SPRINGFIELD IL 62711-8316

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13213653

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JOHN L. JOHNSTON

Mailing Address 1 HOSPITAL DR

City State Zip Code  
CLARION PA 16214-8501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216843

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LAQUITA JOHNSON

Mailing Address 3605 WOODHAVEN CT.

City State Zip Code  
MIDLAND TX 79707-4554

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223631

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. N. ERIC JOHNSON

Mailing Address 41949 BIG BEAR BLVD

City

BIG BEAR LAKE

State

CA

Zip Code

92315-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217686

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. SUSAN S. JOHNSON

Mailing Address 519 STATE STREET

City

GRINNELL

State

IA

Zip Code

50112-2473

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

289.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243497

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

THOMAS JOHNSON

Mailing Address 15310 BEECHNUT ST

City

HOUSTON

State

TX

Zip Code

77083-5416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208764

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. TRIT JOHNSON

Mailing Address P.O. BOX 73

City

SOUTH ORLEANS

State

MA

Zip Code

02662-0073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13213138

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. VICKY ANNE JOHNSON

Mailing Address 1457 SMYTH RD

City

MOUNT VERNON

State

IA

Zip Code

52314-9540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

919.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240487

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CHELA JONES

Mailing Address 3916 RIVIERA DRIVE  
UNIT 301

City

SAN DIEGO

State

CA

Zip Code

92109-5858

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SHARP HEALTH CARE

Occupation  
NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13206842

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CLIFF C. JONES

Mailing Address 8101 MISSION RD  
#216

City State Zip Code  
PRAIRIE VILLAGE KS 66208-5246

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13225017

Amount of Each Receipt this Period

610.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS R. JONES

Mailing Address 21 WOODCLIFF DR.

City State Zip Code  
TEXARKANA TX 75503-2639

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AIR METHODS

Occupation  
PILOT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244685

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HOWARD W. JONES, JR.

Mailing Address 8011 CREST DRIVE NE

City State Zip Code  
SEATTLE WA 98115-5217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228511

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

785.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JOAN JONES

Mailing Address 6390 MONITOR DR

City

INDIANAPOLIS

State

IN

Zip Code

46220-4579

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STATE OF INDIANA

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245404

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JOYCE E. JONES

Mailing Address 1302 N.E. TRILEIN DRIVE

City

ANKENY

State

IA

Zip Code

50021-4510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235232

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARJORIE JONES

Mailing Address 1105 ROOSEVELT AVENUE

City

WINTERS

State

CA

Zip Code

95694-1524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222913

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

205.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARY VIRGINIA JONES

Mailing Address 120 HERITAGE POINTE

City

MORGANTOWN

State

WV

Zip Code

26505-2830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224826

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA JONES

Mailing Address 748 SELAH HEIGHTS RD.

City

SELAH

State

WA

Zip Code

98942-9620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ORCHARDIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13232195

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL WALTON JONES

Mailing Address 12001 TURTLE BEACH RD

City

N PALM BEACH

State

FL

Zip Code

33408-2938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONIFER SECURITIES

Occupation  
FUND MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218230

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ROGER JONES

Mailing Address 1115 PROFESSIONAL DR

City

WILLIAMSBURG

State

VA

Zip Code

23185-3329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Transaction ID: SA11.13207045

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN E. JORDAN

Mailing Address 404 CARDINAL LN NW

City

JACKSONVILLE

State

AL

Zip Code

36265-1048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	0	9

Transaction ID: SA11.13232013

Amount of Each Receipt this Period

135.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. HARRY A. JORDON

Mailing Address 115 N SUMTER ST  
# 115

City

SUMTER

State

SC

Zip Code

29150-4968

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216638

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

735.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JEFFERY JOSEPH

Mailing Address 1000 W PINHOOK RD STE 201 A

City

LAFAYETTE

State

LA

Zip Code

70503-2460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13211866

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

R STEPHEN JOYNER

Mailing Address 801 MCCARTHY BLVD

City

NEW BERN

State

NC

Zip Code

28562-5237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217241

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. GLADYS S. JUDICE

Mailing Address 5515 DASPIT ROAD

City

NEW IBERIA

State

LA

Zip Code

70563-8962

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222950

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DIANNE R. JUNGMAHN

Mailing Address 202 SW 5TH ST

City

GREENFIELD

State

IA

Zip Code

50849-1306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217530

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROY JURA

Mailing Address 7900 W HERNDON AVE

City

FRESNO

State

CA

Zip Code

93723-9313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JURA FARMS

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217746

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. MAURICE J. JURKIEWICZ

Mailing Address 715 OLD POST ROAD NW

City

ATLANTA

State

GA

Zip Code

30328-4758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204819

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. VICTOR R. JURY

Mailing Address 8308 THISTLE CT

City

NORTH RICHLAND HIL

State

TX

Zip Code

76182-8640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216747

Amount of Each Receipt this Period

510.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. RONALD E. JUTZY

Mailing Address 118 N MAPLE AVE

City

BOISE

State

ID

Zip Code

83712-7933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RONALD E. JUTZY, MD

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13231787

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SUDHA KALYANPUR

Mailing Address 14 ELLISON AVENUE

City

EDISON

State

NJ

Zip Code

08820-1634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238289

Amount of Each Receipt this Period

310.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1120.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. SANJAY KAMAT

Mailing Address 301 OXFORD VALLEY RD APT 801A

City

YARDLEY

State

PA

Zip Code

19067-7714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BUCKS EYE SPECIALISTS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216899

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JEFFRIE L. KAMEAN, MD

Mailing Address 765 RIVER GATE DRIVE

City

ATLANTA

State

GA

Zip Code

30350-4621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATLANTA DIGESTIVE CENTER,  
LLC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13212798

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN H. KAMINSKE

Mailing Address 3412 EDMUNTON DR.

City

ROCHESTER HILLS

State

MI

Zip Code

48306-2973

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13232690

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 502 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN H. KAMINSKE

Mailing Address 3412 EDMUNTON DR.

City

ROCHESTER HILLS

State

MI

Zip Code

48306-2973

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244839

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. GARY KAMMER

Mailing Address 36100 EUCLID AVE APT 170

City

WILLOUGHBY

State

OH

Zip Code

44094-4475

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARTHRITIS ASSOCIATES, INC.

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204845

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE V. KANE, JR.

Mailing Address 6236 CEDAR CREEK DRIVE

City

HOUSTON

State

TX

Zip Code

77057-1804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222486

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

330.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 503 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE V. KANE, JR.

Mailing Address 6236 CEDAR CREEK DRIVE

City

HOUSTON

State

TX

Zip Code

77057-1804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13229112

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE V. KANE, JR.

Mailing Address 6236 CEDAR CREEK DRIVE

City

HOUSTON

State

TX

Zip Code

77057-1804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240136

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LOUIS R. KARRAKER

Mailing Address 217 S. 7TH STREET  
UNIT 11

City

WATERFORD

State

WI

Zip Code

53185-4500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219790

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 504 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LT. COL. JERRY R. KARRICKER

Mailing Address 618 FRANKLIN RD

City

MOODY

State

TX

Zip Code

76557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	8		2	0	0	9

Transaction ID: SA11.13212073

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DONALD ANGELO KARY

Mailing Address P.O. BOX 510419

City

KEY COL BCH

State

FL

Zip Code

33051-0419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	4		2	0	0	9

Transaction ID: SA11.13237010

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE F. KASTEN

Mailing Address 9501 RIVER BEND COURT

City

MILWAUKEE

State

WI

Zip Code

53217-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	8		2	0	0	9

Transaction ID: SA11.13213472

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1400.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 505 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ISRAEL JEFFREY KATZ

Mailing Address 14 EAST HILL COURT

City

TENAFLY

State

NJ

Zip Code

07670-2701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JPMORGAN CHASE

Occupation  
TRADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13211514

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH W. KAUFMAN, JR.

Mailing Address 1921 POLARIS DR

City

BARTLESVILLE

State

OK

Zip Code

74006-6113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONICO PHILLIPS

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242553

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS J. KAVANAGH

Mailing Address 1973 MAGDALENE WAY

City

SAN DIEGO

State

CA

Zip Code

92110-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13212243

Amount of Each Receipt this Period

107.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1207.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 506 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ALAN KAWAGUCHI

Mailing Address 2488 N CALIFORNIA ST

City

STOCKTON

State

CA

Zip Code

95204-5508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALPINE ORTHOPAEDIC MEDICAL  
GROUP, INC.

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204848

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL J. KAZLAUSKAS

Mailing Address 22 BAILEY HILL VILLAGE

City

DANIELSON

State

CT

Zip Code

06239-3404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENERAL DYNAMICS ELECTRIC  
BOAT

Occupation  
1ST CLASS TEST MECHANIC R&D

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210216

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN R. KEANE

Mailing Address 33 ELLSWORTH AVENUE

City

STATEN ISLAND

State

NY

Zip Code

10312-2501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214446

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

610.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 507 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HOWARD C. KEARNS, JR.

Mailing Address P.O. BOX 20135

City

ATLANTA

State

GA

Zip Code

30325-0135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HAAS & DODD

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218736

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT KEEN

Mailing Address 1717 GRANDVIEW DR.

City

BOONE

State

NC

Zip Code

28607-6656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204811

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES KEITH

Mailing Address 1354 PALISADES ROAD

City

PALISADES

State

WA

Zip Code

98845-9611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 5 / 2 0 0 9

Transaction ID: SA11.13236063

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 508 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JACQUELINE A. KEITH

Mailing Address 5602 LOCKWOOD ROAD

City

CHEVERLY

State

MD

Zip Code

20785-1125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224695

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. KELLY G. KEITHLY

Mailing Address 5702 W COUNTY 8 1/2 STREET

City

YUMA

State

AZ

Zip Code

85364-8425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13242639

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DANAMARIE KELLEY

Mailing Address 205 CAREY PL

City

HUTCHINSON

State

KS

Zip Code

67502-2821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L FINANCIAL SERVICES  
INC

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229503

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 509 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARION G. KELLER

Mailing Address 1411 CHAPEL HILL ROAD

City

MOUNTAINSIDE

State

NJ

Zip Code

07092-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	8		2	0	0	9

Transaction ID: SA11.13227559

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES L. KELLOGG

Mailing Address P.O. BOX 901089

City

PALMDALE

State

CA

Zip Code

93590-1089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SYSTEM PLANNING CORP.Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	0	9

Transaction ID: SA11.13238687

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CAROL A. KELLY

Mailing Address 413 N. LEE STREET  
P.O. BOX 1417-D49

City

ALEXANDRIA

State

VA

Zip Code

22314-2301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NATIONAL ASSOCIATION OF  
CHAIN DRUG STOOccupation  
SENIOR VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: SA11.13251779

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 510 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. DENNIS J. KELLY**

Mailing Address **5601 WILLOW CROSSING COURT**

City State Zip Code  
**CLIFTON VA 20124-0964**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**315.00**

Date of Receipt

**12 / 22 / 2009**

Transaction ID: SA11.13229508

Amount of Each Receipt this Period

**210.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. DORIS A. KELLY**

Mailing Address **9957 BURL WAY**

City State Zip Code  
**ORLANDO FL 32817-4254**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**330.00**

Date of Receipt

**12 / 15 / 2009**

Transaction ID: SA11.13221290

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**JOHN KELLY**

Mailing Address **6006 N WEDGEWOOD LN**

City State Zip Code  
**PEORIA IL 61614-3526**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SMITH BARNEY**

Occupation

**FINANCIAL ADVISOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 15 / 2009**

Transaction ID: SA11.13216504

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**360.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES H. KEMP

Mailing Address 334 W. CASEY STREET

City

ROSEBURG

State

OR

Zip Code

97470-3043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215889

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARION A. KEMPPAINEN

Mailing Address 6100 SUMMIT DR N APT 214

City

BROOKLYN CENTER

State

MN

Zip Code

55430-2174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246024

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM P. KENNARD

Mailing Address 3500 TRILLIUM XING APT 5019

City

COLUMBUS

State

OH

Zip Code

43235-7998

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236749

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DEAN M. KENNEDY, III

Mailing Address 1004 S SIERRA VISTA AVE

City

ALHAMBRA

State

CA

Zip Code

91801-4818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONSONA ERP INC

Occupation

PROGRAMMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13232184

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. DOROTHY KENNEDY

Mailing Address P.O. BOX 224

City

WHEATLAND

State

PA

Zip Code

16161-0224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13206707

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DOROTHY KENNEDY

Mailing Address P.O. BOX 224

City

WHEATLAND

State

PA

Zip Code

16161-0224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13212922

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

55.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DOROTHY KENNEDY

Mailing Address P.O. BOX 224

City

WHEATLAND

State

PA

Zip Code

16161-0224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Transaction ID: SA11.13231658

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR EDWIN KENNEDY

Mailing Address 290 E LAYFAIR DR

City

FLOWOOD

State

MS

Zip Code

39232-9526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13217585

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JOAN F. KENNEDY

Mailing Address 2108 CHEYENNE DR

City

MCCOMB

State

MS

Zip Code

39648-6324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	9

Transaction ID: SA11.13205579

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

415.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH KENNEALLY

Mailing Address 6 WELLSRING RD  
UNIT C

City State Zip Code  
BIDDEFORD ME 04005-9415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13212214

Amount of Each Receipt this Period

510.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL J. KENNEDY

Mailing Address 250 ALHAMBRA ST

City State Zip Code  
SAN FRANCISCO CA 94123-2061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SHEARMAN & STERLING

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13234801

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

KRISTINE KENWORTHY

Mailing Address 501 OWENWOOD PLACE

City State Zip Code  
PARIS TN 38242-5156

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216493

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. LOUIS P. KENYON

Mailing Address 11 JOSEPH ST.

City

NORTH DARTMOUTH

State

MA

Zip Code

02747-3104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207076

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES KERBY

Mailing Address 36303 COUNTY 39

City

LAPORTE

State

MN

Zip Code

56461-4342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHWOODS LOG HOMES INC.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202909

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. SHARON L. KERNS

Mailing Address 7307 FALLS VIEW CIR

City

DELAWARE

State

OH

Zip Code

43015-6013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244630

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ALICE GILKEY KERR

Mailing Address 1716 KINGSLEY STREET

City

THE DALLES

State

OR

Zip Code

97058-4388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240149

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ALICE GILKEY KERR

Mailing Address 1716 KINGSLEY STREET

City

THE DALLES

State

OR

Zip Code

97058-4388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240404

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. KECIA KESLER

Mailing Address 3505 N TOPEKA ST

City

WICHITA

State

KS

Zip Code

67219-3641

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207168

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RICHARD A. KESSELRING

Mailing Address 2011 EAGLEBROOKE PKWY

City

CELINA

State

OH

Zip Code

45822-9396

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MERCER HEALTH

Occupation  
M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13247342

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. SHEILA KESSINGER

Mailing Address 10631 BARN WOOD LN

City

POTOMAC

State

MD

Zip Code

20854-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242114

Amount of Each Receipt this Period

360.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ERWIN DAVIDSON KEY

Mailing Address 2202 SPRINGDALE DR

City

COLUMBUS

State

GA

Zip Code

31906-1049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214459

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

490.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 518 / 1281

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ERNEST KHOURY

Mailing Address P.O. BOX 1746

City

WACO

State

TX

Zip Code

76703-1746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KHOURY INC.

Occupation

MFG. ARCHITECTURAL WOODWORK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13231810

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALEX KHOWAYLO

Mailing Address 10 FOREST RIDGE RD

City

UPPER SADDIE RIVER

State

NJ

Zip Code

07458-1841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207455

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALEX KHOWAYLO

Mailing Address 10 FOREST RIDGE RD

City

UPPER SADDIE RIVER

State

NJ

Zip Code

07458-1841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13238874

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ALEXANDRA KIEFFER

Mailing Address 3013 HAWTHORNE BLVD

City

SAINT LOUIS

State

MO

Zip Code

63104-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206402

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES A. KIERNAN, JR.

Mailing Address 16 PIPPINS WAY

City

MORRISTOWN

State

NJ

Zip Code

07960-6991

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230976

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. IRA KILGUS

Mailing Address 10 TIMBER RIDGE DR

City

FAIRBURY

State

IL

Zip Code

61739-9500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235664

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

205.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 520 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOSEPH R. KILIANSKI

Mailing Address 1141 KELLER PKWY  
SUITE A

City	State	Zip Code
KELLER	TX	76248-1628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13217462

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES H. KILTY

Mailing Address 46 LONGWOOD RD

City	State	Zip Code
WEYMOUTH	MA	02188-4109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
CERTIFIED PUBLIC ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	9

Transaction ID: SA11.13225675

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. SUN-BUM KIM

Mailing Address 9669 KENTON AVE  
SUITE 403

City	State	Zip Code
SKOKIE	IL	60076-1226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PEDIATRIC MEDICAL SERVIC-  
ESOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216688

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 521 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**YOUN S. KIM, M.D.**

Mailing Address **1055 FOREST HILL AVE SE APT 16**

City State Zip Code  
**GRAND RAPIDS MI 49546-3695**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**12 / 14 / 2009**

Transaction ID: SA11.13219943

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. MIKE F. KIMBALL**

Mailing Address **106 EDGEWATER DR**

City State Zip Code  
**NEW IBERIA LA 70563-1708**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**12 / 21 / 2009**

Transaction ID: SA11.13231212

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MS. CAROL KIMBLE**

Mailing Address **824 SW 28TH TERRACE**

City State Zip Code  
**CAPE CORAL FL 33914-4245**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**285.00**

Date of Receipt

**12 / 31 / 2009**

Transaction ID: SA11.13247509

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**625.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 522 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. LARRY KIMERY**

Mailing Address **268 ALAMO HWY**

City State Zip Code  
**TRENTON TN 38382-9637**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**KIMERY'S COTTON CONSULTING**

Occupation  
**SELF-EMPLOYED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**230.00**

Date of Receipt

**12 / 29 / 2009**

**Transaction ID: SA11.13238278**

Amount of Each Receipt this Period

**60.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**REV. JOHN D. KINARD**

Mailing Address **209 BUTTONWOOD WAY**

City State Zip Code  
**GLENSIDE PA 19038-3305**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**235.00**

Date of Receipt

**12 / 15 / 2009**

**Transaction ID: SA11.13216845**

Amount of Each Receipt this Period

**110.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MS. GAYLA D. KINDER**

Mailing Address **1050 FM RD 4**

City State Zip Code  
**JACKSBORO TX 76458**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1339.00**

Date of Receipt

**12 / 31 / 2009**

**Transaction ID: SA11.13245446**

Amount of Each Receipt this Period

**330.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**500.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 523 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT D. KINDER

Mailing Address 717 ISLAND CIR E

City

ST HELENA IS

State

SC

Zip Code

29920-3039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

Transaction ID: SA11.13215828

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JUDITH KINDRED

Mailing Address 10291 W HWY 40

City

OCALA

State

FL

Zip Code

34482-2567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Transaction ID: SA11.13240984

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LISA KINDWALL

Mailing Address 18 TABBY RD

City

BEAUFORT

State

SC

Zip Code

29902-5855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: SA11.13229793

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

575.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 524 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MRS. BRENDA K. KING

Mailing Address 28127 MEADOWLARK DR

City State Zip Code  
GOLDEN CO 80401-8323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225679

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MRS. FRANCES E. KING

Mailing Address 599 BRAYBARTON BLVD

City State Zip Code  
STEUBENVILLE OH 43952-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13213992

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MRS. SUSAN KING

Mailing Address PO BOX 521

City State Zip Code  
VISALIA CA 93279-0521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

DENTAL HYGENIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13226734

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

490.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 525 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
DR VICTORIA KING

Mailing Address 115 N 10TH ST # B

City	State	Zip Code
CANON CITY	CO	81212-3461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216750

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
HON. JACK KINGSTON

Mailing Address 207 SIDDLERS BEND

City	State	Zip Code
SAVANNAH	GA	31406-5204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED STATES CONGRESS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

REPUBLICAN REPRESENTATIVE

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13223912

Amount of Each Receipt this Period

650.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. ALFRED W. KINKEAD

Mailing Address 2828 S PEACEABLE RD

City	State	Zip Code
MCALESTER	OK	74501-7201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RANCHER INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: SA11.13210797

Amount of Each Receipt this Period

325.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1275.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 526 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALBERT VERNON KINNER

Mailing Address 12047 S ELK RUN APT S303

City

TRAVERSE CITY

State

MI

Zip Code

49684-7741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215327

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALBERT VERNON KINNER

Mailing Address 12047 S ELK RUN APT S303

City

TRAVERSE CITY

State

MI

Zip Code

49684-7741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233388

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LEONARD M. KIRK

Mailing Address 6 HUNTER DR

City

BEL AIR

State

MD

Zip Code

21014-3934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230261

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 527 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LOYD KIRK

Mailing Address 4 LONG SHOALS RD

City

ARDEN

State

NC

Zip Code

28704-7781

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Transaction ID: SA11.13207082

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MISS ELAINE L. KISSEL

Mailing Address 3719 MAPLEWOOD STREET

City

SIOUX CITY

State

IA

Zip Code

51104-1333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Transaction ID: SA11.13231391

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MISS IVONNE R. KISZKO

Mailing Address 3967 STREAMWOOD CT

City

AUBURN HILLS

State

MI

Zip Code

48326-1882

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CRITTENON HOSPITAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

NURSE

Aggregate Year-to-Date ▼

559.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: SA11.13229495

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

340.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 528 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
STEVE D. KITCHENS

Mailing Address 3920 BUTLER SPRINGS WAY

City	State	Zip Code
BIRMINGHAM	AL	35226-6234

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
BIG SAVER THRIFT STOREOccupation  
STORE OWNER

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	9

Transaction ID: SA11.13208550

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MONTE W. KJOS

Mailing Address 3102 - 26TH AVE. SOUTH 58103

City	State	Zip Code
FARGO	ND	58103-5067

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
REAL ESTATE BROKER

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: SA11.13244082

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. BRIAN KLEEN

Mailing Address 1215 NOTON COURT

City	State	Zip Code
PFLUGERVILLE	TX	78660-3805

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
KING TIGER TECHNOLOGY INC.Occupation  
HARDWARE DESIGNER

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	4		2	0	0	9

Transaction ID: SA11.13236642

Amount of Each Receipt this Period

70.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1320.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 529 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. WALTER H. KLEINER

Mailing Address 1725 88TH PL NE

City State Zip Code  
CLYDE HILL WA 98004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209763

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MS. JUDITH L. KLINGEBIEL

Mailing Address 319 BUNKER HILL RD

City State Zip Code  
SALEM NY 12865-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
C. P. A.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236128

Amount of Each Receipt this Period

110.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. ROBERT N. KNAPP

Mailing Address 36935 PELICAN LAKE RD

City State Zip Code  
AVON MN 56310-4604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238250

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

460.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 530 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. J. WAYNE KNEISLEY

Mailing Address 3015 DUNCAN ROAD

City

WILMINGTON

State

DE

Zip Code

19808-2320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219534

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROY W. KNIPPER, JR.

Mailing Address 19 LAUREL LAKE DR

City

HUDSON

State

OH

Zip Code

44236-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220260

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROY W. KNIPPER, JR.

Mailing Address 19 LAUREL LAKE DR

City

HUDSON

State

OH

Zip Code

44236-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224874

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 531 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. CALVIN ARTHUR KNOKE**

Mailing Address **24 RIVERSIDE DRIVE**

City State Zip Code  
**OAK RIDGE TN 37830-9012**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**295.00**

Date of Receipt

**12 / 16 / 2009**

**Transaction ID: SA11.13224560**

Amount of Each Receipt this Period

**30.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. CALVIN ARTHUR KNOKE**

Mailing Address **24 RIVERSIDE DRIVE**

City State Zip Code  
**OAK RIDGE TN 37830-9012**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**295.00**

Date of Receipt

**12 / 24 / 2009**

**Transaction ID: SA11.13236731**

Amount of Each Receipt this Period

**20.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. SHIRLEY M. KNOX**

Mailing Address **4724 HEATH HILL RD.**

City State Zip Code  
**COLUMBIA SC 29206-4611**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1660.00**

Date of Receipt

**12 / 04 / 2009**

**Transaction ID: SA11.13207070**

Amount of Each Receipt this Period

**600.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**650.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
ROGER KNUDSEN

Mailing Address P.O. BOX 187

City State Zip Code  
WINESBURG OH 44690-0187

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233631

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. STEVEN R. KNUTH

Mailing Address 887 HIGHLANDER TRAIL

City State Zip Code  
HUDSON WI 54016-7970

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PUBLIC AFFAIRS COMPANY

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13250464

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. JOHN L. KOENIG

Mailing Address 406 S. MARSHALL STREET

City State Zip Code  
LAKEWOOD CO 80226-3424

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241334

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1180.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. LOIS L. KOLDEWEY

Mailing Address 333 GOLF CT

City

SANTA ROSA

State

CA

Zip Code

95409-6320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208566

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LOIS L. KOLDEWEY

Mailing Address 333 GOLF CT

City

SANTA ROSA

State

CA

Zip Code

95409-6320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231646

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LOIS L. KOLDEWEY

Mailing Address 333 GOLF CT

City

SANTA ROSA

State

CA

Zip Code

95409-6320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244794

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DR. NICHOLAS I. KONDO**

Mailing Address **6 CARE LN**

City State Zip Code  
**SARATOGA SPRINGS NY 12866-8624**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**12 / 18 / 2009**

Transaction ID: SA11.13224968

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. PAUL J. KONNICK**

Mailing Address **2586 LOWER DEMUNDS ROAD**

City State Zip Code  
**DALLAS PA 18612-8214**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GLAZIERS LOCAL 252**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

**GLAZIER**

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**12 / 31 / 2009**

Transaction ID: SA11.13243767

Amount of Each Receipt this Period

**60.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DR. LACY A. KOONCE**

Mailing Address **3515 TOWN CENTER BLVD S**

City State Zip Code  
**SUGAR LAND TX 77479-1285**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LONE STAR EYE CARE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

**PHYSICIAN**

Aggregate Year-to-Date ▼

**600.00**

Date of Receipt

**12 / 15 / 2009**

Transaction ID: SA11.13217508

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**660.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL R. KOONS

Mailing Address 207 STONYBROOK DR

City

NORRISTOWN

State

PA

Zip Code

19403-2724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243518

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RANDALL R. KOORSEN

Mailing Address 2719 N ARLINGTON AVE

City

INDIANAPOLIS

State

IN

Zip Code

46218-3322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KOORSEN FIRE & SECURITY

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233439

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ANN E. KOPIECKI

Mailing Address 769 143RD AVE NW

City

ANDOVER

State

MN

Zip Code

55304-7446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOWN & COUNTRY CREDIT

Occupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217286

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 536 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM KOPMAN

Mailing Address 11304 CALADIUM LANE

City

PALM BEACH GARDENS

State

FL

Zip Code

33418-1506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	9

Transaction ID: SA11.13242911

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. KAMRAN Z. KORANLOO

Mailing Address 764 MEDICAL COURT  
SUITE 3

City

SUMTER

State

SC

Zip Code

29150-4760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUMTER INTERVENTIONAL PAIN  
ASSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: SA11.13225048

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. HERVY B. KORNEGAY

Mailing Address 201 N BREAZEALE AVE

City

MOUNT OLIVE

State

NC

Zip Code

28365-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: SA11.13234349

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

550.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 537 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MR. STUART M. KOVACS

Mailing Address 107 MCKNIGHT AVE.

City

JAMESBURG

State

NJ

Zip Code

08831-1478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NJ TRANSIT

Occupation

DIRECTOR ENGINEERING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: SA11.13224217

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. DON KOVALSKY

Mailing Address 4121 VETERANS MEMORIAL DR

City

MOUNT VERNON

State

IL

Zip Code

62864-6262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JAMES C. CHOW, MD, LTD

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11.13245753

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. WENZEL J. KOVARIK

Mailing Address 20445 HEREFORD ROAD

City

STURGIS

State

SD

Zip Code

57785-7711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Transaction ID: SA11.13241253

Amount of Each Receipt this Period

105.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

455.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 538 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOSEPH KOVELESKIE

Mailing Address 5500 PRYTANIA ST

City

NEW ORLEANS

State

LA

Zip Code

70115-4237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TULANE MEDICAL CENTEROccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	9

Transaction ID: SA11.13202882

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ROBERT KOWITZ

Mailing Address 5608 W 16TH

City

KENNEWICK

State

WA

Zip Code

99338-5004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Transaction ID: SA11.13247263

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD W. KRAJICEK

Mailing Address 244 MEDICINE BOW RD

City

ASPEN

State

CO

Zip Code

81611-9616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: SA11.13209634

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

450.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD W. KRAJICEK

Mailing Address 244 MEDICINE BOW RD

City

ASPEN

State

CO

Zip Code

81611-9616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13212846

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ARI KRAMER

Mailing Address 101 E WOOD ST  
SUITE 301

City

SPARTANBURG

State

SC

Zip Code

29303-3040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13206978

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT KRAMER

Mailing Address 121233 N GULFSTREAM AVE

City

SARASOTA

State

FL

Zip Code

34236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222134

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT KRAMER

Mailing Address 121233 N GULFSTREAM AVE

City

SARASOTA

State

FL

Zip Code

34236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240624

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT S. KRAMER

Mailing Address 1233 N GULFSTREAM AVENUE  
APT # 1403

City

SARASOTA

State

FL

Zip Code

34236-8923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SARO MANAGEMENT INCORPORATED

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10015.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219486

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. GERALD KRANIS

Mailing Address 9100 SW 87TH AVE

City

MIAMI

State

FL

Zip Code

33176-2303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204846

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. HELGE KRARUP**

Mailing Address **1510 NE DIXIE HIGHWAY**

City State Zip Code  
**JENSEN BEACH FL 34957-6300**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**12 / 29 / 2009**

Transaction ID: SA11.13242927

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. J. WINSTON KRAUSE**

Mailing Address **504 W. 13TH STREET**

City State Zip Code  
**AUSTIN TX 78701-1839**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**410.00**

Date of Receipt

**12 / 24 / 2009**

Transaction ID: SA11.13234413

Amount of Each Receipt this Period

**410.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. HERMAN KRAYBILL**

Mailing Address **3152 GRACEFIELD RD APT 112**

City State Zip Code  
**SILVER SPRING MD 20904-5898**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**320.00**

Date of Receipt

**12 / 16 / 2009**

Transaction ID: SA11.13224137

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**525.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CAROL KREGER

Mailing Address 17486 SW OCTOBER CT

City

BEAVERTON

State

OR

Zip Code

97006-7555

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

344.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202898

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. EDWIN H. KRICK

Mailing Address P.O. BOX 2113

City

REDLANDS

State

CA

Zip Code

92373-0681

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LLUPMGI

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13211874

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. MEERA KRISHNAN

Mailing Address 43 TIMBER TRAIL DR

City

OAK BROOK

State

IL

Zip Code

60523-1458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228295

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

385.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. KRONDAK

Mailing Address 701 DEERFIELD STREET

City

LEAVENWORTH

State

KS

Zip Code

66048-5542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S.ARMY

Occupation

RESEARCH ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13237331

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ALMA L. KRONMANN

Mailing Address 38412 RICHLAND STREET

City

LIVONIA

State

MI

Zip Code

48150-2485

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241128

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD J. KROOP

Mailing Address 1215 WENTWORTH AVE

City

PASADENA

State

CA

Zip Code

91106-4447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229525

Amount of Each Receipt this Period

410.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

565.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AUDREY C. KROSNOWSKI

Mailing Address 11645 COLONY LOOP

City

PARKER

State

CO

Zip Code

80138-3890

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ENVISION RADIOLOGY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217303

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. SYLVIA KRUEGER

Mailing Address P.O. BOX 3296

City

CLEVELAND

State

TN

Zip Code

37320-3296

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228299

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. VERONICA KRUEGER

Mailing Address 1014 W CYPRESS DR

City

ARLINGTON HEIGHTS

State

IL

Zip Code

60005-3016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206650

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. VERONICA KRUEGER

Mailing Address 1014 W CYPRESS DR

City

ARLINGTON HEIGHTS

State

IL

Zip Code

60005-3016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231584

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. NANCY J. KRUIT

Mailing Address 37240 ROW RIVER RD

City

DORENA

State

OR

Zip Code

97434-9707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13243733

Amount of Each Receipt this Period

115.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RAYMOND G. KRYNICKI

Mailing Address 2909 LOBLOLLY CT

City

MIRAMAR BEACH

State

FL

Zip Code

32550-7833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RGK ASSOC

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13231815

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

515.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. CRAIG KUBIK

Mailing Address 1501 ALICE ST

City

WAYCROSS

State

GA

Zip Code

31501-4530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DIGESTIVE DISEASE CONSULT-  
ANTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206297

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DENNIS A. KUDLA

Mailing Address 4710 W PEBBLE BEACH DR

City

WADSWORTH

State

IL

Zip Code

60083-9278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222029

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. SUSAN E. KUHN

Mailing Address 1842 JESSICA CT.

City

WINTER PARK

State

FL

Zip Code

32789-5923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLORIDA HOSPITAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RN

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13209392

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. LEO J. KUNTZ**

Mailing Address **4017 BOCA TRAIL**

City State Zip Code  
**FORT WAYNE IN 46815-5705**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
**MANAGER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**410.00**

Date of Receipt

**12 / 15 / 2009**

Transaction ID: SA11.13217141

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**DR. ROSA T. KURTZ**

Mailing Address **1850 NORMANDIE DRIVE**

City State Zip Code  
**YORK PA 17408-1534**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 16 / 2009**

Transaction ID: SA11.13224687

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DR. RICHARD KUTILEK**

Mailing Address **8303 DODGE STREET**

City State Zip Code  
**OMAHA NE 68114-4108**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 21 / 2009**

Transaction ID: SA11.13230699

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**800.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. VALERY KUZNETSOV

Mailing Address 202 FOSTER AVENUE  
SUITE A

City State Zip Code  
BROOKLYN NY 11230-2130

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13237282

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR JAY LABINE

Mailing Address 245 CHERRY ST SE  
SUITE102

City State Zip Code  
GRAND RAPIDS MI 49503-4607

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216782

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ANDRIS N. LACIS

Mailing Address 2850 PINE LAKE ROAD

City State Zip Code  
W. BLOOMFIELD MI 48324-1943

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
B.T.G. SYSTEMS, INC.

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240531

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

720.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SHIRLEY A. LACORE

Mailing Address PO BOX 83

City

BRANSON

State

MO

Zip Code

65615-0083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245414

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. KATHRYN B. LAESCH

Mailing Address 11073 PTARMIGAN COURT

City

NOBLESVILLE

State

IN

Zip Code

46060-7175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208618

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. M. LAGARDE

Mailing Address 110 LAKEVIEW DR. STE. 200

City

COVINGTON

State

LA

Zip Code

70433-7511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206290

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WALT LAGRAVES

Mailing Address 3695 TROPIC STREET

City

BIG PINE KEY

State

FL

Zip Code

33043-6144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233815

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. GERALD HENRY LALOR

Mailing Address 2919 W. WISCONSIN AVENUE  
APARTMENT 901

City

MILWAUKEE

State

WI

Zip Code

53208-4504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220590

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. GERALD HENRY LALOR

Mailing Address 2919 W. WISCONSIN AVENUE  
APARTMENT 901

City

MILWAUKEE

State

WI

Zip Code

53208-4504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13232509

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GLENWOOD R. LAMB

Mailing Address 310 HERITAGE AVENUE

City

OGLESBY

State

IL

Zip Code

61348-1086

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227371

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GLENWOOD R. LAMB

Mailing Address 310 HERITAGE AVENUE

City

OGLESBY

State

IL

Zip Code

61348-1086

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235952

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HARRY G. LAMBROUSSIS

Mailing Address 555 S. GULFSTREAM AVENUE  
UNIT 501

City

SARASOTA

State

FL

Zip Code

34236-6798

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208617

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MRS. MARYANN HAMILTON LAMONT

Mailing Address 195 GOMEZ RD

City State Zip Code  
HOBE SOUND FL 33455-2514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219818

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. JOHN D. LAMOTT

Mailing Address 4304 NW MEADOWCREST RD

City State Zip Code  
TOPEKA KS 66618-3454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13237329

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. JOHN B. LAMPHERE

Mailing Address 2401 S 60TH ST

City State Zip Code  
LINCOLN NE 68506-3500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225699

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1520.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN B. LAMPHERE

Mailing Address 2401 S 60TH ST

City

LINCOLN

State

NE

Zip Code

68506-3500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13237349

Amount of Each Receipt this Period

470.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. W HAUES LANCASTER, JR.

Mailing Address 112 BARBERRY ROAD  
#H-31

City

JOHNSON CITY

State

TN

Zip Code

37604-3883

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13213058

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JUDITH A. LAND

Mailing Address 3623 ARCHERTON DR

City

BRIDGETON

State

MO

Zip Code

63044-2864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233879

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

795.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JENNIFER M. LANDES

Mailing Address 1696 INDIAN PATH CT

City

QUAKERTOWN

State

PA

Zip Code

18951-5739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GRANDVIEW HOSPITAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230730

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RENE P. LANDRY

Mailing Address 219 BRICK STREET

City

BREAUX BRIDGE

State

LA

Zip Code

70517-4913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCDONALDS

Occupation  
MAINTENANCE MAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13211854

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CAROLE AVIS LANE

Mailing Address P.O. BOX 421

City

GRENADA

State

CA

Zip Code

96038-0421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241272

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LES T. LANFORD

Mailing Address 6567 BROWNFIELDS DR

City

BATON ROUGE

State

LA

Zip Code

70811-1118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

E BATON ROUGE PARRISH SCH-  
OOL B

Occupation

TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13214881

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALFRED LANG

Mailing Address 2390 VIRGINIA STREET

City

PARK RIDGE

State

IL

Zip Code

60068-2268

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13231999

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOHN W. LANG

Mailing Address 2020 21ST ST

City

BAKERSFIELD

State

CA

Zip Code

93301-4220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13234351

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

285.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS P. LANGAN, IV

Mailing Address 1335 DUNBROOKE CT

City

MOBILE

State

AL

Zip Code

36695-3537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHURCH

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13229961

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CALVIN P. LANGFORD

Mailing Address 1214 CHESHIRE LN

City

BEL AIR

State

MD

Zip Code

21014-2563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHROP GRUMMAN

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208548

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CALVIN P. LANGFORD

Mailing Address 1214 CHESHIRE LN

City

BEL AIR

State

MD

Zip Code

21014-2563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHROP GRUMMAN

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245757

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JO ANN LANGFORD

Mailing Address 311 W NOTTINGHAM DR APT 249

City

SAN ANTONIO

State

TX

Zip Code

78209-1828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235473

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. CLARK LANGLEY

Mailing Address 1718 S HENDERSON BLVD

City

KILGORE

State

TX

Zip Code

75662-3553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13226709

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. WANN LANGSTON

Mailing Address 4001 ROCKLEDGE DRIVE

City

AUSTIN

State

TX

Zip Code

78731-2958

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214423

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSHUA M. LANKFORD

Mailing Address P.O. BOX 626

City

POCOMOKE CITY

State

MD

Zip Code

21851-0626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224243

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BEULAH A. LANNING

Mailing Address P.O. BOX 1158

City

SUNDANCE

State

WY

Zip Code

82729-1158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13229301

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN LAPP

Mailing Address 2870 TAYLORSVILLE RD

City

TAYLORSVILLE

State

KY

Zip Code

40071-9736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210953

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HERBERT E. LARKIN

Mailing Address 51 PARKSIDE DR

City

WEST GREENWICH

State

RI

Zip Code

02817-2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LINCOLN SCHOOL DEPT

Occupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217401

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SHIRLEY J. LARKIN

Mailing Address 430 PARK PLACE

City

SAINT PAUL

State

MN

Zip Code

55115-1651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LARKIN DANCE STUDIO

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245455

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DANIEL J. LAROSE

Mailing Address 13608 NICHOLAS CT

City

OMAHA

State

NE

Zip Code

68154-5281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13234099

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

670.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD D. LARSON

Mailing Address 4920 S. LOWES CREEK ROAD

City

EAU CLAIRE

State

WI

Zip Code

54701-9300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210615

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD D. LARSON

Mailing Address 4920 S. LOWES CREEK ROAD

City

EAU CLAIRE

State

WI

Zip Code

54701-9300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240412

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RAY J. LASSEIGNE

Mailing Address 128 DOWNING COURT

City

BOSSIER CITY

State

LA

Zip Code

71111-2243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TMR EXPLORATION INC.

Occupation

PETROLEUM ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13250475

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DR. DAVID LAUBER**

Mailing Address **2 TRILLIUM WAY**  
**203**

City State Zip Code  
**CORBIN KY 40701-8490**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**12 / 21 / 2009**

Transaction ID: SA11.13226797

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JOHN J. LAWLESS**

Mailing Address **3056 BOMAR RD**

City State Zip Code  
**DOUGLASVILLE GA 30135-2008**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**395.00**

Date of Receipt

**12 / 21 / 2009**

Transaction ID: SA11.13231167

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. RICHARD O. LAWLER**

Mailing Address **16291 W 14 MILE RD STE 22**

City State Zip Code  
**BEVERLY HILLS MI 48025-3327**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RICHARD O. LAWLER, CPA**

Occupation

**SELF-EMPLOYED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 21 / 2009**

Transaction ID: SA11.13230294

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**175.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID B. LAWRENCE

Mailing Address 2697 SHADOW CANYON CIR

City

NORCO

State

CA

Zip Code

92860-1143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERIFLEX, INC.

Occupation

PRESIDENT/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235260

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. IRENE LAWVER

Mailing Address 2045 CHESTERFIELD DR NE

City

ATLANTA

State

GA

Zip Code

30345-3703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216525

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. PEGGY D. LAY

Mailing Address 445 ENTERPRISE COURT

City

BOULDER CITY

State

NV

Zip Code

89005-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13242824

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 563 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. TERRY R. LAZAR

Mailing Address 34 KRISTI DR

City

JERICO

State

NY

Zip Code

11753-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231685

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LOIS A. LEAVENGOOD

Mailing Address 2690 FOXGLOVE LOOP S.E.

City

ALBANY

State

OR

Zip Code

97322-7107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204880

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CUC LEBA

Mailing Address 116 VILLANOVA DRIVE

City

LAWRENCEVILLE

State

NJ

Zip Code

08648-4431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13237304

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. STANTON S. LEBOUTZ, M.D.

Mailing Address 1936 POWDER MILL RD

City

YORK

State

PA

Zip Code

17402-9362

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207398

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LLOYD LECAIN

Mailing Address 921 W LOQUAT CT

City

LOMPOC

State

CA

Zip Code

93436-7616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED STATES GOV.

Occupation  
MILITARY INSTRUCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202904

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. LEDFORD

Mailing Address 2507 VILLANOVA DRIVE

City

VIENNA

State

VA

Zip Code

22180-6958

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239958

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

335.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HON. CHRIS LEE

Mailing Address P.O. BOX 15395

City

ROCHESTER

State

NY

Zip Code

14615-0395

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITED STATES CONGRESS

Occupation

REPUBLICAN REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	0	9

Transaction ID: SA11.13211541

Amount of Each Receipt this Period

325.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARK LEE

Mailing Address 2718 CENTENNIAL DR

City

ROGERS

State

AR

Zip Code

72758-1335

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Transaction ID: SA11.13241147

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM R. LEE

Mailing Address 14650 E OLD US HIGHWAY 12  
STE 306

City

CHELSEA

State

MI

Zip Code

48118-1804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	9

Transaction ID: SA11.13223659

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

825.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 566 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
DARIN LEETUN

Mailing Address 500 CAMPUS DR

City State Zip Code  
HANCOCK MI 49930-1569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216490

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MRS. JOAN H. LEGATE

Mailing Address 251 W CALLE CANON DE FABER

City State Zip Code  
GREEN VALLEY AZ 85614-3707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224037

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MRS. ELAINE L. LEHMANN

Mailing Address 3722 TAFT ST

City State Zip Code  
HOLLYWOOD FL 33021-4809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223619

Amount of Each Receipt this Period

505.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

705.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 567 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MELVIN H. LEHMAN

Mailing Address 45266 CRESTVIEW RD

City

NEW WATERFORD

State

OH

Zip Code

44445-9702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206356

Amount of Each Receipt this Period

450.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. AUSTIN LEHR

Mailing Address 2521 GLENN HENDREN DR  
SUITE 410

City

LIBERTY

State

MO

Zip Code

64068-3388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ADVANCED SURGICAL TECHNIQ-  
UES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217306

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J. LEIKER

Mailing Address 12757 BREN FOREST WAY

City

MANASSAS

State

VA

Zip Code

20112-3451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13206748

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 568 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. NANCY M. LEININGER

Mailing Address 106 BYRON RD.

City

PITTSBURGH

State

PA

Zip Code

15237-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227547

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. NANCY LELLELLD

Mailing Address 3901 HOYT AVE

City

EVERETT

State

WA

Zip Code

98201-4918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE EVERETT CLINIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13211868

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BENJAMIN W. LEMMONS

Mailing Address 912 FAIR STREET

City

BUHL

State

ID

Zip Code

83316-6444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

BEE KEEPER

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233263

Amount of Each Receipt this Period

220.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

345.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 569 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR ROBERT E. LEMPKE

Mailing Address 4732 TAFT RD

City

WEST LAFAYETTE

State

IN

Zip Code

47906-5637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LAFAYETTE ANESTHESIOLOGISTS  
LLC

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217712

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ANDREW LENARD

Mailing Address 1205 S COLLINSWOOD DR.

City

BLOOMINGTON

State

IN

Zip Code

47401-6129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219147

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOHN R. LEONARD

Mailing Address 821 BRITTANY DR

City

CHEYENNE

State

WY

Zip Code

82009-1094

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PEDIATRIC DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216849

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

520.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 570 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WALTER LEONARD

Mailing Address 558 TWIN FAWNS DR

City

SAINT LOUIS

State

MO

Zip Code

63131-4716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13236053

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARION R. LEONHARDT

Mailing Address 3374 LITTLE JOHN ROAD

City

COPPEROPOLIS

State

CA

Zip Code

95228-9596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235455

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARY E. LEOPOLD

Mailing Address 4445 LYNBROOK LOOP  
APT 2

City

REDDING

State

CA

Zip Code

96003-6840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

453.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239881

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 571 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SUSAN K. LERMOND

Mailing Address 2 SKYVIEW DR

City

NORTH HALEDON

State

NJ

Zip Code

07508-3143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243307

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ERIC J. LESCAULT

Mailing Address 902 N HOWE ST

City

SOUTHPORT

State

NC

Zip Code

28461-3038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202930

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD B. LESSIG

Mailing Address 13 ADMIRAL BLVD.

City

BALTIMORE

State

MD

Zip Code

21222-4338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223844

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 572 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD B. LESSIG

Mailing Address 13 ADMIRAL BLVD.

City

BALTIMORE

State

MD

Zip Code

21222-4338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225360

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ONA F. LESTER

Mailing Address 1101 HUMPHRIES ROAD NW

City

CONYERS

State

GA

Zip Code

30012-2015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13206708

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARIE J. LETT

Mailing Address 3940 LETT LN

City

BURLESON

State

TX

Zip Code

76028-1742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13237335

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 573 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARIE J. LETT

Mailing Address 3940 LETT LN

City

BURLESON

State

TX

Zip Code

76028-1742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239430

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. SAMUEL LEVIN

Mailing Address 103 E 86TH ST

City

NEW YORK

State

NY

Zip Code

10028-1058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216895

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL LEVIS

Mailing Address 37 GREENWOOD LN

City

VALHALLA

State

NY

Zip Code

10595-1110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

FINANCIAL ADVISOR

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216472

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 574 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 LT. COL. ALLEN R. LEWIS

Mailing Address 150 LEWIS DRIVE

City State Zip Code  
**RUTLEDGE TN 37861-4911**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13206987

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
 MR. EDWIN R. LEWIS

Mailing Address PO BOX 11589

City State Zip Code  
**BAINBRIDGE IS WA 98110-5589**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13206268

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 MR. GREGORY LEWIS

Mailing Address 312 W COMSTOCK ST

City State Zip Code  
**SEATTLE WA 98119-3522**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 SELF-EMPLOYED

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216514

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

485.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 575 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. JEFFREY B. LEWIS**

Mailing Address **2464 BAYSHORE DRIVE**

City State Zip Code  
**NEWPORT BEACH CA 92663-5605**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FOOTHILL BROKERAGE COMPANY**

Occupation

**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**12 / 14 / 2009**

**Transaction ID: SA11.13221177**

Amount of Each Receipt this Period

**1000.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. RALPH K. LEWIS**

Mailing Address **13559 KENSINGTON PLACE**

City State Zip Code  
**CARMEL IN 46032-5360**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**12 / 07 / 2009**

**Transaction ID: SA11.13209576**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. THOMAS P. LEWIS**

Mailing Address **171 SEASPRAY LN**

City State Zip Code  
**VERO BEACH FL 32963-9510**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**340.00**

Date of Receipt

**12 / 14 / 2009**

**Transaction ID: SA11.13220326**

Amount of Each Receipt this Period

**120.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**1145.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 576 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. DONALD R. LIEM

Mailing Address 12623 S 71ST ST

City	State	Zip Code
TEMPE	AZ	85284-3105

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	9

Transaction ID: SA11.13242104

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MS. GEORGE A. LIENHARD

Mailing Address 2801 GEORGIA ST

City	State	Zip Code
LOUISIANA	MO	63353-2551

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
LOUISIANA R-II SCHOOLSOccupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: SA11.13211031

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MS. GEORGE A. LIENHARD

Mailing Address 2801 GEORGIA ST

City	State	Zip Code
LOUISIANA	MO	63353-2551

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
LOUISIANA R-II SCHOOLSOccupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Transaction ID: SA11.13231217

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

585.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 577 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MICHELLE G. LIEWEHR

Mailing Address 9244 ROYAL GRAND DR

City

MECHANICSVILLE

State

VA

Zip Code

23116-4195

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209603

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MICHELLE G. LIEWEHR

Mailing Address 9244 ROYAL GRAND DR

City

MECHANICSVILLE

State

VA

Zip Code

23116-4195

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228655

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DAVID L. LIMAURO

Mailing Address 2610 FOUNTAIN HILLS DRIVE

City

WEXFORD

State

PA

Zip Code

15090-7800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225947

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 578 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR B L. LIMMER

Mailing Address 14615 SAN PEDRO AVE  
SUITE #210

City State Zip Code  
SAN ANTONIO TX 78232-4374

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217307

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. YVONNE L. LINDBORG

Mailing Address 1417 INDIANA AVE

City State Zip Code  
LA PORTE IN 46350-5103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KINGSBURY ELEVATOR, INC.

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217073

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS C. LINDSAY, SR.

Mailing Address 2515 CARROLLTON RD

City State Zip Code  
ANNAPOLIS MD 21403-4202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224730

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 579 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. JOSEPH P. LINGG**

Mailing Address **PO BOX 460**

City State Zip Code  
**GRAND SALINE TX 75140-0460**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**12 / 28 / 2009**

**Transaction ID: SA11.13236118**

Amount of Each Receipt this Period

**250.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**DR. RAYMOND J. LINOVTZ**

Mailing Address **P.O. BOX 1671**

City State Zip Code  
**RANCHO SANTA FE CA 92067-1671**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PJ SURGICAL INC.**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**12 / 16 / 2009**

**Transaction ID: SA11.13224689**

Amount of Each Receipt this Period

**500.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. JOCELYNE LINSALATA**

Mailing Address **875 ANDREWS LANE**

City State Zip Code  
**GATES MILLS OH 44040-9648**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2500.00**

Date of Receipt

**12 / 01 / 2009**

**Transaction ID: SA11.13208345**

Amount of Each Receipt this Period

**2500.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**3250.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 580 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. FLORENCE LINSKEY

Mailing Address 19385 CYPRESS RIDGE TER  
UNIT 1110City State Zip Code  
LANSDOWNE VA 20176-5171FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	9	

Transaction ID: SA11.13234771

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GUSTAVE K. LIPMAN

Mailing Address 161 E. 79TH STREET

City State Zip Code  
NEW YORK NY 10075-0480FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GUARDSMARK L.L.C.Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: SA11.13216632

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOHN LIPMAN

Mailing Address 3903 S COBB DR SE STE 230

City State Zip Code  
SMYRNA GA 30080-6301FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	9	

Transaction ID: SA11.13224683

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

435.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 581 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. MITCHELL LIPTON

Mailing Address 222 HARBORVIEW

City

LAWRENCE

State

NY

Zip Code

11559-1906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Transaction ID: SA11.13208637

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. THOMAS LISKE

Mailing Address 831 SANDHURST DR  
# 2

City

SANDWICH

State

IL

Zip Code

60548-1392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: SA11.13234340

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LARRY R. LITTLE

Mailing Address 209 CACIQUE DRIVE

City

SAINT AUGUSTINE

State

FL

Zip Code

32086-8828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRISON HEALTH SRVS

Occupation

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	9

Transaction ID: SA11.13206834

Amount of Each Receipt this Period

55.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

805.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 582 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DR. THOMAS LITTLE**

Mailing Address **241 N 13TH ST**

City State Zip Code  
**EASTON PA 18042-3211**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PREMIER HEART SPECIALIST**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**12 / 03 / 2009**

**Transaction ID: SA11.13206291**

Amount of Each Receipt this Period

**500.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM LITTLE**

Mailing Address **6663 ARMITOS DRIVE**

City State Zip Code  
**CAMARILLO CA 93012-8828**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**425.00**

Date of Receipt

**12 / 01 / 2009**

**Transaction ID: SA11.13205506**

Amount of Each Receipt this Period

**150.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**JOHN P. LIVINGS**

Mailing Address **P.O. BOX 240158**

City State Zip Code  
**MONTGOMERY AL 36124-0158**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**CPA**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**12 / 08 / 2009**

**Transaction ID: SA11.13211818**

Amount of Each Receipt this Period

**250.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**900.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 583 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SIDNEY L. LIVINGSTON, SR.

Mailing Address 522 E TRAVIS ST

City

FREDERICKSBURG

State

TX

Zip Code

78624-4365

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244220

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROY J. LOBDELL

Mailing Address 5 RAILROAD ST  
5 RAILROAD ST

City

FREEVILLE

State

NY

Zip Code

13068-0207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218508

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BRUCE LOCKREM

Mailing Address 4927 N PASADENA LN  
APARTMENT D10

City

SPOKANE

State

WA

Zip Code

99212-4729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225436

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

340.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 584 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. LUELLA L. LOEWEN

Mailing Address 801 3RD AVE APT 216

City

MOUNTAIN LAKE

State

MN

Zip Code

56159-1551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222702

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. LUELLA L. LOEWEN

Mailing Address 801 3RD AVE APT 216

City

MOUNTAIN LAKE

State

MN

Zip Code

56159-1551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244800

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. VIRGINIA S. LOFTUS

Mailing Address 6221 RIDGEVIEW DR

City

ANDERSON

State

IN

Zip Code

46013-9643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245403

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 585 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. NANCY H. LOGAN

Mailing Address 1510 SPRINGMOOR CIR

City

RALEIGH

State

NC

Zip Code

27615-5704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236479

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT LOGAN

Mailing Address 4722 ARMANDALE AVE. N. W.

City

CANTON

State

OH

Zip Code

44718-2279

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
W.L. LOGAN TRUCKING

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4125.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 9

Transaction ID: SA11.13296417

Amount of Each Receipt this Period

4000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. E SUE LOHN

Mailing Address 3 KAMPMAN COURT

City

SPARKS GLENCO

State

MD

Zip Code

21152-9423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206403

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

4310.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 586 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JUDY M. LOKER

Mailing Address 8424 NORTH GOLF DRIVE

City

PARADISE VALLEY

State

AZ

Zip Code

85253-2721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUN BELT PROPERTIES, INC.Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13217476

Amount of Each Receipt this Period

170.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD E. LONG

Mailing Address 5532 STATE ROUTE 4

City

BUCYRUS

State

OH

Zip Code

44820-9492

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: SA11.13224025

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DOUGLAS J. LONG

Mailing Address 8310 N 216TH ST

City

ELKHORN

State

NE

Zip Code

68022-4006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	9

Transaction ID: SA11.13211870

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

520.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 587 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

COL. JAMES L. LONG

Mailing Address 14223 HUNTER HILL

City

SAN ANTONIO

State

TX

Zip Code

78217-1349

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241860

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARY LONG

Mailing Address 506 HUBER LN

City

GLENVIEW

State

IL

Zip Code

60025-4657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207251

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PALMER REID LONG, JR.

Mailing Address 509 CUMBERLAND DR

City

SHREVEPORT

State

LA

Zip Code

71106-5919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
OIL AND GAS INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244626

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 588 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. VIRGINIA D. LONG

Mailing Address 22946 ESPADA DRIVE

City

SALINAS

State

CA

Zip Code

93908-1015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219798

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. DERRICK LONSDALE

Mailing Address 24700 CENTER RIDGE RD

City

WESTLAKE

State

OH

Zip Code

44145-5636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217526

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR HARRY LOO

Mailing Address 2796 SYCAMORE DR  
# 101

City

SIMI VALLEY

State

CA

Zip Code

93065-1549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216640

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

440.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 589 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HOWARD K. LOOMIS

Mailing Address 502 WELTON ST

City

PRATT

State

KS

Zip Code

67124-1357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236927

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD L. LORD, JR.

Mailing Address 1808 E. LOPEZ COURT

City

BELLINGHAM

State

WA

Zip Code

98229-2103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227635

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. NELLA D. LORETTE

Mailing Address 142 CAPRI ST.  
APT. 164

City

RANCHO MIRAGE

State

CA

Zip Code

92270-1923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231260

Amount of Each Receipt this Period

114.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

514.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 590 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHARLES W. LOUFEK

Mailing Address 6600 INTERLACHEN BLVD

City

MINNEAPOLIS

State

MN

Zip Code

55436-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215668

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SCOTT LOUSER

Mailing Address 1718 BIRCH PLACE

City

MINOT

State

ND

Zip Code

58701-7097

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRUDENTIAL PREFERRED PROP-  
ERTIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

REALTOR

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242588

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JUDITH K. LOVE

Mailing Address 2065 OLD DOMINION RD

City

ATLANTA

State

GA

Zip Code

30350-4620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13247347

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 591 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. HAL LOVELESS

Mailing Address 2125 SHEFFIELD ST

City

KINGSPORT

State

TN

Zip Code

37660-4721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208630

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PAULETTA S. LOVETT

Mailing Address 3960 COON RAPIDS BOULEVARD NW SUIT

City

MINNEAPOLIS

State

MN

Zip Code

55433-2521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235502

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. PAUL S. LOVETT

Mailing Address 18 BASSWOOD CT

City

CATONSVILLE

State

MD

Zip Code

21228-5869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229568

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 592 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. WILLIAM J. LOWE

Mailing Address 100 LINCOLN AVENUE  
APARTMENT 6B

City State Zip Code  
MINEOLA NY 11501-2870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

789.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13212278

Amount of Each Receipt this Period

110.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. WILLIAM J. LOWE

Mailing Address 100 LINCOLN AVENUE  
APARTMENT 6B

City State Zip Code  
MINEOLA NY 11501-2870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

789.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218687

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MS. CAROLINE B. LOWN

Mailing Address 2 BISHOP GADSDEN WAY  
UNIT 1045

City State Zip Code  
CHARLESTON SC 29412-3501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225431

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

360.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 593 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. PHILIP D. LOWRY

Mailing Address 4850 CRESTRIDGE LN NW

City

CLEVELAND

State

TN

Zip Code

37312-3144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACE INC.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238286

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KENNETH W. LUCAS

Mailing Address 17323 STATE HIGHWAY B.

City

ROCK PORT

State

MO

Zip Code

64482-8450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236145

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWARD R. LUDLOFF

Mailing Address 6516 E. RENDINA STREET

City

LONG BEACH

State

CA

Zip Code

90815-4623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207501

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 594 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDWARD R. LUDLOFF

Mailing Address 6516 E. RENDINA STREET

City

LONG BEACH

State

CA

Zip Code

90815-4623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Transaction ID: SA11.13239989

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. INGRID LUDSCHEIDT

Mailing Address 1230 TAYLOR LANE EXT UNIT 126

City

LEHIGH ACRES

State

FL

Zip Code

33936-6160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: SA11.13224096

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. INGRID LUDSCHEIDT

Mailing Address 1230 TAYLOR LANE EXT UNIT 126

City

LEHIGH ACRES

State

FL

Zip Code

33936-6160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	0	9

Transaction ID: SA11.13235373

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 595 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MRS. CATHERINE R. LUDWIG

Mailing Address P.O. BOX 93

City

CLYDE

State

OH

Zip Code

43410-0093

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205463

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CATHERINE R. LUDWIG

Mailing Address P.O. BOX 93

City

CLYDE

State

OH

Zip Code

43410-0093

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205799

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ANN L. LUEDKE

Mailing Address 24550 BLACK RUSH CT

City

BONITA SPRINGS

State

FL

Zip Code

34134-7957

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244930

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 596 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ALEXIS LUKIANOV

Mailing Address PO BOX 1145

City

RANCHO SANTA FE

State

CA

Zip Code

92067-1145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204872

Amount of Each Receipt this Period

520.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CLARENCE A. LUND

Mailing Address 525 N. MAY  
APARTMENT 21

City

MESA

State

AZ

Zip Code

85201-4438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241957

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. KATHLEEN M. LUND

Mailing Address 1285 CLUB HOUSE DRIVE

City

PASADENA

State

CA

Zip Code

91105-2728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208660

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

680.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 597 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN D. LUNDY, JR.

Mailing Address P.O. BOX 318

City

STOWELL

State

TX

Zip Code

77661-0318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228199

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM E. LUPER

Mailing Address 8850 LONG POINT RD

City

HOUSTON

State

TX

Zip Code

77055-3006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216949

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN C. LUPTON

Mailing Address 12343 CORNWALLIS SQUARE

City

SAN DIEGO

State

CA

Zip Code

92128-3750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226125

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 598 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SALVADORE A. LUSCO

Mailing Address 1414 BIRDIE DR

City

ZACHARY

State

LA

Zip Code

70791-2404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226263

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DON LUTHER

Mailing Address 8 MERIDIAN

City

TRABUCO CANYON

State

CA

Zip Code

92679-3745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SPRINGVILLE HOLDINGS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217535

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES R. LUTHER

Mailing Address 21368 435TH AVE

City

DE SMET

State

SD

Zip Code

57231-6424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13205196

Amount of Each Receipt this Period

115.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

815.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 599 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JOSEPHINE E. LUTON

Mailing Address 744 CLARK XING SE

City

GRAND RAPIDS

State

MI

Zip Code

49506-8202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229487

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. THOMAS L. LUZIER

Mailing Address 201 S LLOYD ST

City

ABERDEEN

State

SD

Zip Code

57401-4552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13225079

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES E. LYLE

Mailing Address 804 BELL RD

City

CHAGRIN FALLS

State

OH

Zip Code

44022-4152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMCO INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225602

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 600 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN LYMAN, JR.

Mailing Address 33 LYMAN RD

City

MIDDLEFIELD

State

CT

Zip Code

06455-1254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208810

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALEXANDER LYNCH

Mailing Address 5 WOODSIDE ROAD

City

GREENWICH

State

CT

Zip Code

06830-3818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JP MORGAN

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13232212

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY C. LYNCH

Mailing Address 3621 W END AVE

City

NASHVILLE

State

TN

Zip Code

37205-2404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FINANCIAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233801

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1175.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 601 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MRS. CYNTHIA LYONS

Mailing Address 1 FEDERAL LANE

City	State	Zip Code
WILBRAHAM	MA	01095-2206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	9	

Transaction ID: SA11.13226624

Amount of Each Receipt this Period

275.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. JAMES H. LYONS

Mailing Address 5532 FOREST GLEN RD

City	State	Zip Code
MADISON	OH	44057-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	9	

Transaction ID: SA11.13220066

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MS. JENNIFER MACDONALD

Mailing Address 201 OAK BRANCH ST

City	State	Zip Code
LAFAYETTE	LA	70508-3291

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	9	

Transaction ID: SA11.13231827

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

475.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JULIE MACDONALD

Mailing Address 32029 COUNTY RD 105

City

DIXON

State

CA

Zip Code

95620-9513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	9

Transaction ID: SA11.13238200

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. KATHLEEN S. MACDONOUGH

Mailing Address 6208 N. BRUMDER ROAD

City

CHENEQUA

State

WI

Zip Code

53029-9709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	9

Transaction ID: SA11.13213473

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL E. MACDONALD

Mailing Address 1515 WILSON BLVD STE 710

City

ARLINGTON

State

VA

Zip Code

22209-2434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
META ENGINEERS

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	9

Transaction ID: SA11.13238229

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2110.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SUSAN MACDOUGALL

Mailing Address 5 BEARD WAY

City

WELLESLEY

State

MA

Zip Code

02482-7443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216692

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. NICHOLAS MACERO

Mailing Address 71 NORTH ST

City

SOMERVILLE

State

MA

Zip Code

02144-1127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205406

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD MACKDANZ

Mailing Address 360 HAMPSHIRE DR

City

CLARKSVILLE

State

TN

Zip Code

37043-4629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235661

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

435.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SAMUEL TODD MACLIN

Mailing Address 4312 LORRAINE AVENUE

City

DALLAS

State

TX

Zip Code

75205-3708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JP MORGAN CHASE

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13221168

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

H DOUGLAS MACNARY

Mailing Address 239 TUSCULUM DRIVE

City

OAK RIDGE

State

TN

Zip Code

37830-6620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233365

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROY W. MADDOX

Mailing Address 16191 STATE ROUTE 136 E

City

LIVERMORE

State

KY

Zip Code

42352-9603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217039

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2125.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RALPH MADEB

Mailing Address 1202 DRIVING PARK AVE  
SUITE 5

City State Zip Code  
NEWARK NY 14513-1057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217765

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WAYNE A. MADSEN

Mailing Address 6820 N. LEOTI AVE.

City State Zip Code  
CHICAGO IL 60646-1305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

LANDLORD

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225714

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. THOMAS MAGINOT

Mailing Address 901 MACARTHUR BLVD

City State Zip Code  
MUNSTER IN 46321-2901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MONSTER RADIOLOGY GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206285

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 606 / 1281

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR M. MAGNUSUN

Mailing Address 17300 N. 88TH AVENUE  
APT 121

City State Zip Code  
PEORIA AZ 85382-3501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240985

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BASSETT MAGUIRE

Mailing Address 120 DREISER LOOP  
APARTMENT 24A

City State Zip Code  
BRONX NY 10475-2611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13229216

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HORACE Y. MAGUIRE

Mailing Address 1821 N. 48TH AVENUE

City State Zip Code  
HOLLYWOOD FL 33021-4131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222150

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

155.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 607 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MALCOLM MAGUIRE

Mailing Address 6514 N. HILLCREST AVENUE

City

NICHOLS HILLS

State

OK

Zip Code

73116-5110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229751

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. MOHAMAD A. MAHAYNI

Mailing Address 3502 W OKMULGEE ST

City

MUSKOGEE

State

OK

Zip Code

74401-5073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MUSKOGEE CARDIOVASCULAR  
CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217680

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RUSSELL MAIER

Mailing Address 137 N. LAKE DR.

City

NAPLES

State

FL

Zip Code

34102-5554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217749

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

810.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JUDITH MAISH

Mailing Address 1141 COCOA AVE

City

HERSHEY

State

PA

Zip Code

17033-1713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207071

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID MAJCHER

Mailing Address 4521 SWILCAN BRIDGE LN N

City

JACKSONVILLE

State

FL

Zip Code

32224-5618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

DIRECTOR OF TECH OPERATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13227172

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DAVID A. MAKEY

Mailing Address 4930 COUNTRY CLUB PLACE

City

MERIDIAN

State

MS

Zip Code

39301-4158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RUSH MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13212971

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 609 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. NEIL MAKI

Mailing Address 525 ST MARY ST

City

THIBODAU

State

LA

Zip Code

70301-2627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THIBODAU ORTHOPAEDICS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207397

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH J. MALARA

Mailing Address 185 ALBEMARLE RD

City

WHITE PLAINS

State

NY

Zip Code

10605-3722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204874

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CONSTANCE MALMUTH

Mailing Address 182 MAPLE RD

City

NEWBURY PARK

State

CA

Zip Code

91320-4718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216541

Amount of Each Receipt this Period

65.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

470.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 610 / 1281

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN MANCINE

Mailing Address 15436 N 9TH AVE

City

PHOENIX

State

AZ

Zip Code

85023-4473

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MANCINE & ASSOCIATES, INC.

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239030

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. HAROLD MANCUSI-UNGARO, JR.

Mailing Address 3532 KENDELL HILL DR

City

SANTA ROSA

State

CA

Zip Code

95404-7625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE PERMANENTE MEDICAL GR-  
OUP

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214154

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BENJAMIN MANDELHEIM

Mailing Address 16 WALWORTH TER

City

WHITE PLAINS

State

NY

Zip Code

10606-2718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCI ENGINEERING, P. C.

Occupation  
CONSTRUCTION INSPECTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13212923

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOHN E. MANN

Mailing Address 10320 BOUNDS AVE

City

PHILADELPHIA

State

MS

Zip Code

39350-3721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDICAL FOUNDATION INC.

Occupation

FAMILY PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210507

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DUANE C. MANNING

Mailing Address 650 WOODWARD ST.  
APT 328

City

SAN MARCOS

State

CA

Zip Code

92069-6899

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233248

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. MANNINO

Mailing Address 8050 HARBOR CREEK DRIVE  
APARTMENT 2802

City

MENTOR ON THE LAKE

State

OH

Zip Code

44060-2072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244870

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOHN R. MANZELLA

Mailing Address 1353 STATE ROUTE 903

City

JIM THORPE

State

PA

Zip Code

18229-2734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MANZELLA FAMILY HEALTHCARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13220941

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARGARET MARASCO

Mailing Address 2111 DE LA VINA ST APT 14

City

SANTA BARBARA

State

CA

Zip Code

93105-3861

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BATTISTONE FOUNDATION

Occupation

PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236135

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. SIDNEY M. MARCHASIN

Mailing Address 1301 SHOREWAY RD  
STE 100

City

BELMONT

State

CA

Zip Code

94002-4110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CATHOLIC HEALTH CARE WEST

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216914

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

730.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. STEVEN MARCHIONI

Mailing Address 1316 E 7TH ST

City

AUBURN

State

IN

Zip Code

46706-2523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AUBURN RADIOLOGY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216678

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ROBERT D. MARCIANI

Mailing Address 3052 ASHLEY DR

City

EDGEWOOD

State

KY

Zip Code

41017-2348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF CINCINNATI

Occupation  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214415

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. DEBORAH MARCO

Mailing Address 1903 DAVIS LN

City

HOPEWELL

State

VA

Zip Code

23860-6813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIL ANGELS DAY CARE

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207166

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 614 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. GEORGE W. MARCOM

Mailing Address 1904 RAMPART STREET

City

LEAGUE CITY

State

TX

Zip Code

77573-1946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222965

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOHN MARCUS

Mailing Address 45 PICARDY LN

City

SAINT LOUIS

State

MO

Zip Code

63124-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243285

Amount of Each Receipt this Period

600.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. GUSTAVO MARIN

Mailing Address 2380 E PARK BLVD  
SUITE 300

City

PLANO

State

TX

Zip Code

75074-5149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EAST PLANO FAMILY CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216633

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 615 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. LESLIE A. MARK

Mailing Address 4319 CONNOR CT  
6TH FLOOR

City	State	Zip Code
SAN DIEGO	CA	92117-6963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	9

Transaction ID: SA11.13211873

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. MARIO MARKELIS

Mailing Address 2500 E HALLANDALE BEACH BLVD SUITE

City	State	Zip Code
HALLANDALE	FL	33009-4835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	9

Transaction ID: SA11.13205567

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MELANIE MARKHAM

Mailing Address 120 N. BESSIE DR.

City	State	Zip Code
OZARK	MO	65721-7250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11.13243700

Amount of Each Receipt this Period

220.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

620.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 616 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. LEWIS J. MAROLA

Mailing Address 700 MCCLELLAN ST STE 101

City

SCHENECTADY

State

NY

Zip Code

12304-1019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MONDRAGON MC GRINDER MEDI-  
CAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13224963

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT K. MARQUIS

Mailing Address PO BOX 1455

City

MILES CITY

State

MT

Zip Code

59301-1455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INSURANCE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242093

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. WESLEY MARQUART

Mailing Address 11803 SOUTH FWY #112

City

BURLESON

State

TX

Zip Code

76028-7028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ADVENTIST HEALTH SYSTEM

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206341

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID L. MARSEE

Mailing Address 237 S DIXIE DR.  
STE 16

City

VANDALIA

State

OH

Zip Code

45377-2144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AREAWIDE TV

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204861

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROY MARSHAK

Mailing Address 465 E LINCOLN AVE APT 301

City

MOUNT VERNON

State

NY

Zip Code

10552-3537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13212126

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. SUSAN MARSHALL

Mailing Address 3841 PINNACLE PLACE

City

ESCONDIDO

State

CA

Zip Code

92025-7934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13213296

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 618 / 1281

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALLAN KIRK MARSON

Mailing Address 4150 THAIN WAY

City

PALO ALTO

State

CA

Zip Code

94306-3928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BACHER & MCKINZRE

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13232686

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. DOUGLAS MARTINI

Mailing Address 1120 SE CARY PKWY  
# 100

City

CARY

State

NC

Zip Code

27518-7413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217030

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRANCIS J. MARTIN

Mailing Address 16707 RIPPLING MILL DRIVE

City

SUGAR LAND

State

TX

Zip Code

77498-1931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233161

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

585.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 619 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN MARTIN

Mailing Address 906 HOWELL DR

City

NEWARK

State

OH

Zip Code

43055-1577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229509

Amount of Each Receipt this Period

130.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LEAH J. MARTIN

Mailing Address 7002 N.W. 47TH STREET

City

BETHANY

State

OK

Zip Code

73008-2408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DUNLAP, CODDING AND ROGER-  
S, PC

Occupation  
PARALEGAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209407

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. OLIVIA MARTINEZ

Mailing Address 380 ARLINGTON WAY

City

MENLO PARK

State

CA

Zip Code

94025-2319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217705

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

265.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 620 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. TROY MARTIN

Mailing Address 427 HEYMANN BLVD

City

LAFAYETTE

State

LA

Zip Code

70503-2616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216738

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. MARTIN, JR.

Mailing Address 1206 MULBERRY ROAD

City

MARTINSVILLE

State

VA

Zip Code

24112-5510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BLUE RIDGE AQUACULTURE IN-  
C.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	9

Transaction ID: SA11.13250466

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KEVIN MASE

Mailing Address 1414 ALEGRIANO AVE

City

CORAL GABLES

State

FL

Zip Code

33146-1602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

AIRLINE

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13222972

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5540.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 621 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH A. MASINO

Mailing Address 850 PROVIDENCE CLUB DR

City

MONROE

State

GA

Zip Code

30656-6220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13247521

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE E. MASON

Mailing Address 3031 CREST CT

City

BELLINGHAM

State

WA

Zip Code

98226-4261

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224451

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JULIA L. MASON

Mailing Address 8034 COUNTY ROAD 64

City

PRINCETON

State

CA

Zip Code

95970-9523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217479

Amount of Each Receipt this Period

155.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 622 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HARVEY G. MASOR

Mailing Address 739 CHANCELLOR AVENUE

City

IRVINGTON

State

NJ

Zip Code

07111-2953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228297

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES R. MASSEY

Mailing Address 8665 FLORIN RD UNIT 3

City

SACRAMENTO

State

CA

Zip Code

95828-2618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240283

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. E. DAVISON MASSEY

Mailing Address 133 CHESTNUT ST.

City

WINNETKA

State

IL

Zip Code

60093-3809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13232232

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2340.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 623 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD D. MASTIN

Mailing Address 77 LEE AVE

City

HAWTHORNE

State

NJ

Zip Code

07506-1011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Transaction ID: SA11.13217543

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH A. MATAIS

Mailing Address 62 LINDA TER

City

PORTSMOUTH

State

RI

Zip Code

02871-3622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	4		2	0	0	9

Transaction ID: SA11.13247167

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARY LOU MATHIOWETZ

Mailing Address 30817 COUNTY ROAD 24

City

SLEEPY EYE

State

MN

Zip Code

56085-4361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	0	9

Transaction ID: SA11.13244756

Amount of Each Receipt this Period

80.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

430.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 624 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. ANN MATLOCK**

Mailing Address **108 ROBERT E LEE WAY**

City State Zip Code  
**EUFAULA AL 36027-3605**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**205.00**

Date of Receipt

**12 / 14 / 2009**

**Transaction ID: SA11.13220227**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**DR. GREGORIO MATOS**

Mailing Address **P.O. BOX 19430**

City State Zip Code  
**AMARILLO TX 79114-1430**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**550.00**

Date of Receipt

**12 / 11 / 2009**

**Transaction ID: SA11.13215537**

Amount of Each Receipt this Period

**250.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. EARL L. MATTHEWS**

Mailing Address **1415 QUENDO AVE**

City State Zip Code  
**SAINT LOUIS MO 63130-1844**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**12 / 16 / 2009**

**Transaction ID: SA11.13224806**

Amount of Each Receipt this Period

**35.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**335.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 625 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EARL L. MATTHEWS

Mailing Address 1415 QUENDO AVE

City

SAINT LOUIS

State

MO

Zip Code

63130-1844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: SA11.13228539

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KENDRICK W. MATTOX, JR.

Mailing Address 201 GORDON ST

City

LAGRANGE

State

GA

Zip Code

30240-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GAS INC.Occupation  
BUSINESS EXEC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: SA11.13221021

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JACQUELINE MAURER

Mailing Address 765 LEGENDS VIEW DRIVE

City

EUREKA

State

MO

Zip Code

63025-2091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13217426

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 626 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

A MAY

Mailing Address 15 E 91ST ST APT 5D

City

NEW YORK

State

NY

Zip Code

10128-0648

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218679

Amount of Each Receipt this Period

320.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ALICE T. MAY

Mailing Address 38 PLATT AVE

City

SAUSALITO

State

CA

Zip Code

94965-1896

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228114

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DAVID MAY

Mailing Address 614 S EDMONDS LN  
 STE 101

City

LEWISVILLE

State

TX

Zip Code

75067-3624

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207159

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

670.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 627 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DENNIS L. MAY

Mailing Address 11 SHEFFIELD CT

City

VICTOR

State

NY

Zip Code

14564-8980

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
PHYSICIAN

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225946

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MISS EVELYN MAYBERRY

Mailing Address 56805 MOUNTAIN VIEW

City

LA QUINTA

State

CA

Zip Code

92253-8844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241243

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARK P. MAYS

Mailing Address 200 E. BASSE ROAD

City

SAN ANTONIO

State

TX

Zip Code

78209-8328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLEAR CHANNEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
CEO

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13213479

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 628 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MRS. PATTI S. MAYS

Mailing Address 200 E. BASSE ROAD

City State Zip Code  
SAN ANTONIO TX 78209-8328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13213480

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. GARY MC ALISTER

Mailing Address 230 BREAZEAL DR.

City State Zip Code  
WILLIAMSTON SC 29697-9556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215903

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MS. MARY MC ALULIFFE

Mailing Address 310 CHARLES ALEXANDER CT

City State Zip Code  
ALEXANDRIA VA 22301-1500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217648

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5200.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 629 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. PAULINE M. MC ARTHUR

Mailing Address 579 N SUPERIOR AVE

City

DECATUR

State

GA

Zip Code

30033-5401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13221920

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ARTHUR MC CAULEY

Mailing Address 90 OLD SAUGATUCK ROAD

City

NORWALK

State

CT

Zip Code

06855-2217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORWALK COMPRESSOR CO.

Occupation  
CHIEF ADMINISTRATIVE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236378

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. EDWIN A. MC DONALD, III

Mailing Address 1604 W ESCALON AVE

City

FRESNO

State

CA

Zip Code

93711-1938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OMNI ANESTHESIA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228802

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 630 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JAMES MC GEE

Mailing Address 530 NE GLEN OAK AVE

City

PEORIA

State

IL

Zip Code

61637-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216492

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JAMES C. MC LAUGHLIN

Mailing Address 2032 VIEWPOINT DR

City

NAPLES

State

FL

Zip Code

34110-7934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230766

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ELIZABETH C. MC MURRAY

Mailing Address 3157 BEAUDRY TER

City

GLENDALE

State

CA

Zip Code

91208-1743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228267

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 631 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR LAWRENCE P. MCADAM

Mailing Address 227 W JANSS RD  
SUITE # 300

City State Zip Code  
THOUSAND OAKS CA 91360-1885

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217137

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH W. MCALEER

Mailing Address 337 RIVER RD

City State Zip Code  
ORANGE PARK FL 32073-3018

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13221503

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GWEN NELSON MCALLEN

Mailing Address 9607 SHADYDALE LANE

City State Zip Code  
DALLAS TX 75238-4230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SYSTEMS ANALYST

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207009

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 632 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOHN MCANDREW

Mailing Address 3610 SPRINGHILL MEMORIAL DR N

City

MOBILE

State

AL

Zip Code

36608-1162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	4		2	0	0	9

Transaction ID: SA11.13237281

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JOHN C. MCANDREW

Mailing Address 3854 OLD SHELL RD.

City

MOBILE

State

AL

Zip Code

36608-1335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALABAMA ORTHOPEDIC CLINIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

685.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	9

Transaction ID: SA11.13215635

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOHN C. MCANDREW

Mailing Address 3854 OLD SHELL RD.

City

MOBILE

State

AL

Zip Code

36608-1335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALABAMA ORTHOPEDIC CLINIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

685.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	0	9

Transaction ID: SA11.13244148

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 633 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CLIFFORD F. MCCALLON

Mailing Address 4349 N BRIGHTON AVE

City

KANSAS CITY

State

MO

Zip Code

64117-2812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SALAM ENTERPRISES INC

Occupation

DIRECTOR OF OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13247411

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARGARET H. MCCANN

Mailing Address 3311 GILES PLACE  
APARTMENT 5K

City

BRONX

State

NY

Zip Code

10463-4315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241410

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JUDITH A. MCCARTHY

Mailing Address 1299 ORCHARD RIDGE ROAD

City

BLOOMFIELD HILLS

State

MI

Zip Code

48304-2646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228797

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 634 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JUSTIN MCCARTHY

Mailing Address 8812 FALLS CHAPEL WAY

City

POTOMAC

State

MD

Zip Code

20854-2359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PECK, MADISON, JONES & ST-  
EWART

Occupation  
LOBBYIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13232211

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. MCCARTHY

Mailing Address P.O. BOX 483

City

SYRACUSE

State

NY

Zip Code

13201-0483

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13221253

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER B. MCCLAIN

Mailing Address 34 BUTTERNUT DRIVE

City

HATBORO

State

PA

Zip Code

19040-1529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THOMPSON LEXUS

Occupation  
AUTOMATIVE TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215408

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5065.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 635 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. SAM W. MCCLESKEY**

Mailing Address **265 LAKEVIEW BEACH DRIVE**

City State Zip Code  
**MIRAMAR BEACH FL 32550-4192**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**12 / 11 / 2009**

**Transaction ID: SA11.13215920**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. STEPHEN W. MCCLINTOCK**

Mailing Address **P.O. BOX 206**

City State Zip Code  
**BELMOND IA 50421-0206**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**310.00**

Date of Receipt

**12 / 15 / 2009**

**Transaction ID: SA11.13216508**

Amount of Each Receipt this Period

**160.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**RUTH L. MCCOLLISTER**

Mailing Address **PO BOX 68**

City State Zip Code  
**ALPINE TX 79831-0068**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**12 / 14 / 2009**

**Transaction ID: SA11.13214801**

Amount of Each Receipt this Period

**75.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**335.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 636 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID H. MCCOMBE

Mailing Address 8 BROMLEY COURT

City

LUTHERVILLE TIMONI

State

MD

Zip Code

21093-2007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13234250

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LELAND H. MCCORKLE

Mailing Address 2470 COUNTY ROAD WW

City

GLENN

State

CA

Zip Code

95943-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCCORKLE FARMS INC

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204794

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES B. MCCOY

Mailing Address P.O. BOX 881155

City

STEAMBOAT SPR

State

CO

Zip Code

80488-1155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225466

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1285.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 637 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DEBORA ANITA MCCOY

Mailing Address 471 BARCELONA LANE

City

VIRGINIA BEACH

State

VA

Zip Code

23452-5334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240793

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CHERYL MCCREARY

Mailing Address 17720 45TH AVE N

City

MINNEAPOLIS

State

MN

Zip Code

55446-2057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OAKDALE OB/GYN

Occupation

NURSE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236122

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

G W. MCCULLOUGH

Mailing Address 2628 WALNUT ROAD

City

NORMAN

State

OK

Zip Code

73072-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224691

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 638 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL B. MCDANIEL

Mailing Address 1941 CRESTVIEW DRIVE

City

MOSCOW

State

ID

Zip Code

83843-9657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228165

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR KEVIN MCDONALD

Mailing Address 107 E 23RD ST

City

HAYS

State

KS

Zip Code

67601-2814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217503

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. CHARLES MCDOWELL

Mailing Address 1457 SCOTT BLVD

City

DECATUR

State

GA

Zip Code

30030-1425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EYE PHYSICIANS AND SURGEO-  
NS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206343

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 639 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. MARIAN L. MCDOWALL

Mailing Address 112 S BURG ST

City

KIMBALL

State

NE

Zip Code

69145-1253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MARIAN MCDOWALL

Occupation

MEDIA DISTRIBUTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13225208

Amount of Each Receipt this Period

45.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. CINDY MCEVOY

Mailing Address 0901 SW PALATINE HILL RD

City

PORTLAND

State

OR

Zip Code

97219-7833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ORGAN HEALTH AND SCIENCE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229492

Amount of Each Receipt this Period

205.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. LUCIUS D. MCGEHEE

Mailing Address 1900 FRANKLIN AVENUE

City

RUSTON

State

LA

Zip Code

71270-9658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246004

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

450.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 640 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN G. MCGINNIS

Mailing Address 8924 W 140TH ST  
APT 102

City State Zip Code  
ORLAND PARK IL 60462-9206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JEWEL-OSCO

Occupation  
GROCERY CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226308

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MARIAN MCGOLDRICK

Mailing Address 3 HAZEL LAKE DR

City State Zip Code  
CIMARRON CO 81220-9527

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1090.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216873

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PAUL J. MCGOLDRICK

Mailing Address P.O. BOX 439

City State Zip Code  
LITTLETON NH 03561-0439

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13212260

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 641 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**PAUL J. MCGOLDRICK**

Mailing Address **P.O. BOX 439**

City State Zip Code  
**LITTLETON NH 03561-0439**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FINANCIAL ADVISOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**325.00**

Date of Receipt

**12 / 21 / 2009**

**Transaction ID: SA11.13231388**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. PAUL J. MCGOLDRICK**

Mailing Address **106 MAIN STREET  
 APARTMENT 439**

City State Zip Code  
**LITTLETON NH 03561-4052**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FINANCIAL ADVISOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**12 / 11 / 2009**

**Transaction ID: SA11.13215716**

Amount of Each Receipt this Period

**75.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. PAUL J. MCGOLDRICK**

Mailing Address **106 MAIN STREET  
 APARTMENT 439**

City State Zip Code  
**LITTLETON NH 03561-4052**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FINANCIAL ADVISOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**12 / 22 / 2009**

**Transaction ID: SA11.13232348**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**175.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 642 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. PAUL J. MCGOLDRICK**

Mailing Address **106 MAIN STREET  
 APARTMENT 439**

City State Zip Code  
**LITTLETON NH 03561-4052**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FINANCIAL ADVISOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**12 / 24 / 2009**

**Transaction ID: SA11.13236634**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JOSEPH J. MCGUCKIN**

Mailing Address **62054 AMBERWOOD**

City State Zip Code  
**TUCSON AZ 85739-1826**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**410.00**

Date of Receipt

**12 / 16 / 2009**

**Transaction ID: SA11.13220966**

Amount of Each Receipt this Period

**210.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**DR. EDWARD MCGUIRE**

Mailing Address **1500 E MEDICAL CENTER DR**

City State Zip Code  
**ANN ARBOR MI 48109-5000**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**12 / 16 / 2009**

**Transaction ID: SA11.13221002**

Amount of Each Receipt this Period

**250.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**560.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 643 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CATHERINE A. MCINTIRE

Mailing Address 804 COLLEGE PARK DR

City

KIRKSVILLE

State

MO

Zip Code

63501-1874

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

574.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13231812

Amount of Each Receipt this Period

190.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JEFF J. MCINTURFF

Mailing Address 5090 EAGLETON WAY

City

GRANITE BAY

State

CA

Zip Code

95746-6306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KAISER PERMANENTE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244593

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JEFF J. MCINTURFF

Mailing Address 5090 EAGLETON WAY

City

GRANITE BAY

State

CA

Zip Code

95746-6306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KAISER PERMANENTE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246982

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 644 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALBAN T. MCISAAC

Mailing Address 6800 FLEETWOOD ROAD  
#1104

City State Zip Code  
MCLEAN VA 22101-3610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236423

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALBAN T. MCISAAC

Mailing Address 6800 FLEETWOOD ROAD  
#1104

City State Zip Code  
MCLEAN VA 22101-3610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13247100

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALBAN T. MCISAAC

Mailing Address 6800 FLEETWOOD ROAD  
#1104

City State Zip Code  
MCLEAN VA 22101-3610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13247294

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 645 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARGARET F. MCIVER

Mailing Address 5400 COVENANT LN

City

WINSTON SALEM

State

NC

Zip Code

27106-6459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13238354

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JACK B. MCKEE

Mailing Address 35 FREDERICK LANE

City

SAINT LOUIS

State

MO

Zip Code

63122-1918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215273

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GREG MCKENNA

Mailing Address 35833 166TH LANE SE

City

AUBURN

State

WA

Zip Code

98092-3903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
F&M DEVELOPMENT COMPANY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13260111

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5260.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 646 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DANIEL MCKERNAN

Mailing Address 735 S SHOOP AVE

City

WAUSEON

State

OH

Zip Code

43567-1735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216555

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ELLEN R. MCKINNON

Mailing Address 234 27TH AVE S

City

GRAND FORKS

State

ND

Zip Code

58201-7536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: SA11.13236799

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. REBECCA MCKNIGHT

Mailing Address 1108 HARRISON AVE

City

ARLINGTON

State

TX

Zip Code

76011-7330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
OFFICER CORP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	9

Transaction ID: SA11.13220592

Amount of Each Receipt this Period

375.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

775.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 647 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARK MCLAUGHLIN

Mailing Address 25 SQUIRREL DRIVE

City

SKILLMAN

State

NJ

Zip Code

08558-1668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRINCETON BRAIN & SPINE  
CARE

Occupation

MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13221184

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. NANCY P. MCLAUGHLIN

Mailing Address 13201 APPALOOSA CHASE DRIVE

City

AUSTIN

State

TX

Zip Code

78732-2057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233356

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

COL. BILLY A MCLEOD

Mailing Address 7452 SPRING VILLAGE DR APT 225

City

SPRINGFIELD

State

VA

Zip Code

22150-4949

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220047

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 648 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. KATHRYN MCMILLEN

Mailing Address 12848 BIG SUR DR

City

TAMPA

State

FL

Zip Code

33625-4110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13247465

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT MCMURTRAY

Mailing Address 20550 HUEBNER RD.  
UNIT 217

City

SAN ANTONIO

State

TX

Zip Code

78258-3967

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MATERH MGMT, INC.

Occupation  
ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220786

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT A. MCPEAKE

Mailing Address 73211 FRED WARING DR  
# 100

City

PALM DESERT

State

CA

Zip Code

92260-2888

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217714

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

385.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 649 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
SAM MCPHERSON

Mailing Address P.O. BOX 965

City State Zip Code  
YORKTOWN VA 23692-0965

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

959.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13247489

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. KEN MCQUADE

Mailing Address 28525 BECK RD  
UNIT 118

City State Zip Code  
WIXOM MI 48393-4743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASSOCIATED CONSTRUCTION  
SERVIC

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222219

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. MIKE MCQUAY

Mailing Address 2716 FOXHILL DR

City State Zip Code  
CARSON CITY NV 89706-2365

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SIERRA PACIFIC POWER RESO

Occupation  
POWER SYSTEM OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228799

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

510.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 650 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. BEATRICE MCRAE

Mailing Address PO BOX 380

City

UTOPIA

State

TX

Zip Code

78884-0380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204888

Amount of Each Receipt this Period

115.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. EDWARD U. MCREYNOLDS

Mailing Address 1640B NORFOLK ST

City

HOUSTON

State

TX

Zip Code

77006-5229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217583

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GUY MCROBERTS

Mailing Address 9137 MCNOUN ROAD

City

WINCHESTER

State

OH

Zip Code

45697-9613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219430

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 651 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GUY MCROBERTS

Mailing Address 9137 MCNOUN ROAD

City

WINCHESTER

State

OH

Zip Code

45697-9613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236722

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRENT W. MEADOWS

Mailing Address 12498 S. 305TH EAST AVENUE

City

COWETA

State

OK

Zip Code

74429-3567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KF ENERGY, LLC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13211846

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES L. MEARS

Mailing Address 1619 HACKNEY AVE

City

ORLANDO

State

FL

Zip Code

32806-2304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215986

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 652 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GREGORY MEDINA

Mailing Address 70 BAYBRIGHT DR

City

SHIRLEY

State

NY

Zip Code

11967-4322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUFFOLK COUNTY POLICE DEP-  
ARTME

Occupation

POLICE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13245017

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RAY T. MEDLOCK

Mailing Address 2104 HARTFORD RUN

City

BUFORD

State

GA

Zip Code

30518-4984

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.42

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222574

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. PAULA KENT MEEHAN

Mailing Address 499 N. CANON DR.

City

BEVERLY HILLS

State

CA

Zip Code

90210-4887

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KENQUERT

Occupation

EXECUTIVE/PRES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217185

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

810.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 653 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER MEEK

Mailing Address 20 MIDDLE RIDGE RD

City

STAMFORD

State

CT

Zip Code

06903-4026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GOLDEN SACHS

Occupation  
TRADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217395

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID MEEK

Mailing Address 16909 COLEGROVE DR.

City

DALLAS

State

TX

Zip Code

75248-1429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BEAL BANK

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13211526

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID MEEK

Mailing Address 16909 COLEGROVE DR.

City

DALLAS

State

TX

Zip Code

75248-1429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BEAL BANK

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13247264

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 654 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. BETTY MEGEE

Mailing Address 814 SHORE DRIVE

City

COLONIAL BEACH

State

VA

Zip Code

22443-4331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243118

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. STEVEN D. MEHAFFEY

Mailing Address 23749 FLETCHER ISLE

City

PONCHATOU LA

State

LA

Zip Code

70454-6833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229435

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. HELEN H. MEHELICH

Mailing Address 2889 SLATER RD

City

OAK HARBOR

State

WA

Zip Code

98277-9052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218796

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

440.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 655 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PETER MELLEY

Mailing Address 48458 264TH ST

City

VALLEY SPRINGS

State

SD

Zip Code

57068-7313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230896

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SUSANNE M. MELTON

Mailing Address 33 SANTA BELLA RD

City

ROLLING HILLS ESTA

State

CA

Zip Code

90274-2435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13213295

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SUSANNE M. MELTON

Mailing Address 33 SANTA BELLA RD

City

ROLLING HILLS ESTA

State

CA

Zip Code

90274-2435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13247443

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 656 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MRS. MARIE S. MEMMOTTMailing Address 504 E TELEGRAPH ST.  
UNIT 90City State Zip Code  
WASHINGTON UT 84780-8826FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13223186

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MRS. MARIE S. MEMMOTTMailing Address 504 E TELEGRAPH ST.  
UNIT 90City State Zip Code  
WASHINGTON UT 84780-8826FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241846

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
FATHER JOSEPH MENDES

Mailing Address 113 GLOSTER ROAD NW

City State Zip Code  
LAWRENCEVILLE GA 30044-6784FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
CATHOLIC PRIEST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235233

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 657 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOHN MERCURO

Mailing Address 181 N HARRISON ST

City

PRINCETON

State

NJ

Zip Code

08540-3517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206286

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KENT R. MERIDITH

Mailing Address 2175 PERSIMMON DRIVE

City

SAINT CHARLES

State

IL

Zip Code

60174-1395

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217051

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY J. MERRILL

Mailing Address P.O. BOX 8656

City

LUMBERTON

State

TX

Zip Code

77657-0656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209739

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

810.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 658 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY J. MERRILL

Mailing Address P.O. BOX 8656

City

LUMBERTON

State

TX

Zip Code

77657-0656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233131

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. J. F. MERRILL

Mailing Address 2283 PIKE WOOD DR

City

MEMPHIS

State

TN

Zip Code

38138-4624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205426

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. J. F. MERRILL

Mailing Address 2283 PIKE WOOD DR

City

MEMPHIS

State

TN

Zip Code

38138-4624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214449

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 659 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MORT MERTZ

Mailing Address P.O. BOX 531

City

ELDORADO

State

TX

Zip Code

76936-0531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: SA11.13224535

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. LOUIS G. MES

Mailing Address 1101 S COLLEGE RD  
SUITE 400

City

LAFAYETTE

State

LA

Zip Code

70503-3038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13217160

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL R. MESSINGER

Mailing Address 11060 N. 94TH STREET

City

SCOTTSDALE

State

AZ

Zip Code

85260-6111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PARADISE MEMORABLE GARDEN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	9

Transaction ID: SA11.13207778

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

825.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 660 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL R. MESSINGER

Mailing Address 11060 N. 94TH STREET

City

SCOTTSDALE

State

AZ

Zip Code

85260-6111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PARADISE MEMORABLE GARDEN

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	9

Transaction ID: SA11.13207827

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARK B. MESSMER

Mailing Address 795 E SCHERLE LN

City

JASPER

State

IN

Zip Code

47546-8213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216887

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. STEVEN METZINGER

Mailing Address 3601 HOUMA BLVD  
300

City

METAIRIE

State

LA

Zip Code

70006-4326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Transaction ID: SA11.13207035

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

595.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 661 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. VERONICA METZLER

Mailing Address 115 GORHAM ROAD

City

HARWICH PORT

State

MA

Zip Code

02646-1304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13232974

Amount of Each Receipt this Period

130.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD MEUSER

Mailing Address 29263 CLEMENS RD

City

WESTLAKE

State

OH

Zip Code

44145-1002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217544

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD MEYERS

Mailing Address 96 ELM DRIVE N.

City

LEVITTOWN

State

NY

Zip Code

11756-5500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207893

Amount of Each Receipt this Period

64.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

694.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 662 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JERRY MEYER

Mailing Address 1140 VARNUM ST NE  
STE 102

City State Zip Code  
WASHINGTON DC 20017-2152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13226762

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. MITCHELL MEYER

Mailing Address 112 MEDICAL VILLAGE DR  
# G

City State Zip Code  
WALLACE NC 28466-1665

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217679

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DANIEL E. MICHEL

Mailing Address 1202 W BUENA VISTA RD STE 202

City State Zip Code  
EVANSVILLE IN 47710-5134

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN/PEDIATRICS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225950

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 663 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ANTHONY W. MIDDLETON, JR.

Mailing Address 2798 CHANCELLOR PLACE

City

SALT LAKE CITY

State

UT

Zip Code

84108-2835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MIDDLETON UROLOGIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214163

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ANGELO MIELE

Mailing Address 517 THORNHILL DR

City

CAROL STREAM

State

IL

Zip Code

60188-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DUPAGE INTERNAL MEDICINE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223617

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FREDRICK W. MIELKE, JR.

Mailing Address 23300 VIA ESPLENDOR  
UNIT 57

City

CUPERTINO

State

CA

Zip Code

95014-6549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233428

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

810.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 664 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MRS. JEANNETTE MIKOUIS

Mailing Address PO BOX 329

City

LISBON

State

OH

Zip Code

44432-0329

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
PRESIDENT

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238131

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR W. MILAM

Mailing Address P.O. BOX 446

City

PONTE VEDRA BEACH

State

FL

Zip Code

32004-0446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AKERMAN & SENTERFITT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
ATTORNEY

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13238653

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. IRENE J. MILBRADT

Mailing Address 1800 111TH AVE. NW  
APARTMENT 114

City

MINNEAPOLIS

State

MN

Zip Code

55433-3717

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219723

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 665 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT H. MILBRATH

Mailing Address 5200 SW 25TH BLVD.  
UNIT 3221

City State Zip Code  
GAINESVILLE FL 32608-8923

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240508

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BILL MILBURN

Mailing Address 3801 N CAPITOL OF TEXAS HWY

City State Zip Code  
AUSTIN TX 78746-1416

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207325

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DIANNE E. MILES

Mailing Address 1540 FRANCESCHI ROAD

City State Zip Code  
SANTA BARBARA CA 93103-1874

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13234752

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

595.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 666 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ROBERT MILES

Mailing Address 100 MIMOSA DR  
2ND FLOOR

City State Zip Code  
THOMASVILLE GA 31792-6676

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CARDIOLOGY CONSULTANTS OF  
SOUT

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13212847

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ADELIN G. MILLER

Mailing Address P.O. BOX 34

City State Zip Code  
RODEO NM 88056-0034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1084.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204885

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID D. MILLER

Mailing Address 116 WORKINGTON

City State Zip Code  
WILLIAMSBURG VA 23188-7406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13212422

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 667 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DEBORAH K. MILLER

Mailing Address 1321 12TH AVE NE

City

DENHOFF

State

ND

Zip Code

58430-9611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238256

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. GARY P. MILLER

Mailing Address 158 EXECUTIVE DR

City

DANVILLE

State

VA

Zip Code

24541-4100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204786

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JACK W. MILLER

Mailing Address 100 PROFESSIONAL PL STE. 104

City

CARROLLTON

State

GA

Zip Code

30117-3827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

DEVELOP-BEHAVIORAL PEDIATRICIAN

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13225100

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 668 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JACK W. MILLER

Mailing Address 100 PROFESSIONAL PL STE. 104

City

CARROLLTON

State

GA

Zip Code

30117-3827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

DEVELOP-BEHAVIORAL PEDIATRICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	9	

Transaction ID: SA11.13250490

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JAY R. MILLER

Mailing Address 213 JEFFERSON BLVD

City

GREENFIELD

State

IN

Zip Code

46140-1854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: SA11.13216783

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN S. MILLER

Mailing Address 4344 CAMINO MADERA

City

SARASOTA

State

FL

Zip Code

34238-5582

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	9	

Transaction ID: SA11.13210689

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 669 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LYNETTE D. MILLER

Mailing Address 13809 SPRINGMILL ROAD

City

CARMEL

State

IN

Zip Code

46032-7900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13245019

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MERREL MILLER

Mailing Address 5800 NORTH WOODCREEK CIRCLE

City

MCKINNEY

State

TX

Zip Code

75071-6449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13250484

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. RUBY B. MILLER

Mailing Address 1520 RUTGERS PL.

City

HARBOR CITY

State

CA

Zip Code

90710-1320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236703

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 670 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MRS. BEVERLY J. MILLIGAN

Mailing Address 835 WALNUT GROVE RD

City

NEWARK

State

AR

Zip Code

72562-9115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224881

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROGER MILLIKEN

Mailing Address P.O. BOX 3167

City

SPARTANBURG

State

SC

Zip Code

29304-3167

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MILLIKEN & CO.

Occupation

CHAIRMAN & C E O

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231136

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT M. MILLS

Mailing Address P.O. BOX 5745

City

SHREVEPORT

State

LA

Zip Code

71135-5745

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OIL AND GAS

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13250473

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 671 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN L. MILTON

Mailing Address 4038 41ST ST N

City

ARLINGTON

State

VA

Zip Code

22207-4647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239213

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JACK M. MIMS

Mailing Address 605 W. 12TH STREET

City

WESLACO

State

TX

Zip Code

78596-7407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236414

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JACK M. MIMS

Mailing Address 605 W. 12TH STREET

City

WESLACO

State

TX

Zip Code

78596-7407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13247326

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 672 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. RUSSELL MINKWITZ**

Mailing Address **299 WALCOTT ST**

City State Zip Code  
**PAWTUCKET RI 02860-3249**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MILLBROOK REEL INC**

Occupation  
**PRESIDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 15 / 2009**

**Transaction ID: SA11.13217193**

Amount of Each Receipt this Period

**300.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. VICTOR R. MIRANDA**

Mailing Address **124 SE RIO CASARANO**

City State Zip Code  
**PORT SAINT LUCIE FL 34984-6618**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NEW YORK LIFE INSURANCE CO.**

Occupation  
**SALESMAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**12 / 14 / 2009**

**Transaction ID: SA11.13220337**

Amount of Each Receipt this Period

**250.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**DR. PRADIP K. MISHRA**

Mailing Address **311 LANDRUM PLACE  
 SUITE 100**

City State Zip Code  
**CLARKSVILLE TN 37043-6319**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**12 / 01 / 2009**

**Transaction ID: SA11.13202929**

Amount of Each Receipt this Period

**500.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**1050.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 673 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LEONIDA MISIUKOWIEC

Mailing Address 40 BARNESON AVE.  
APARTMENT A.

City State Zip Code  
SAN MATEO CA 94402-2965

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

790.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13217942

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRYAN MITCHELL

Mailing Address 6071 FOREST RIVER DRIVE

City State Zip Code  
FORT WORTH TX 76112-1003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
HOMEBUILDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13212205

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HOLBROOK T. MITCHELL

Mailing Address 2170 HOFFMAN LANE

City State Zip Code  
NAPA CA 94558-9786

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13237338

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

860.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 674 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LEE ROY MITCHELL

Mailing Address 12400 COIT ROAD  
SUITE 800

City State Zip Code  
DALLAS TX 75251-2067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CINEMARK USA, INC.

Occupation  
CHAIRMAN OF THE BOARD/ DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13250461

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GARY MITTELSTAEDT

Mailing Address 10402 SW WINDWOOD WAY

City State Zip Code  
PORTLAND OR 97225-7064

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INTEL CORPORATION

Occupation  
BUSINESS DEVELOPMENT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227130

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MISS KATHERINE G. MOCK

Mailing Address 28163 RIVERMONT DRIVE

City State Zip Code  
MEADOWVIEW VA 24361-2823

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224335

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

30560.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 675 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MS. BONNIE R. MOELLER

Mailing Address 1540 BROADVIEW DR

City	State	Zip Code
BETTENDORF	IA	52722-3707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
DIETITIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: SA11.13229511

Amount of Each Receipt this Period

255.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. CHARLES A. MOFFIT

Mailing Address 4405 CORONADO AVE

City	State	Zip Code
BAKERSFIELD	CA	93306-1730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	9

Transaction ID: SA11.13242644

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. STUART MOILESMailing Address 11120 WURZBACH ROAD  
STE 203

City	State	Zip Code
SAN ANTONIO	TX	78230-2428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PITT SWOccupation  
INVESTMENT ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: SA11.13209683

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

655.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 676 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. NEAL MOLLER

Mailing Address 1777 GREEN BAY RD

City

HIGHLAND PARK

State

IL

Zip Code

60035-3109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13226712

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. MARK MOLNAR

Mailing Address 748 QUINCY AVE. STE. 101 A

City

SCRANTON

State

PA

Zip Code

18510-1739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206294

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWARD S. MONINGER

Mailing Address 304 ROYAL GRANT DR

City

WILLIAMSBURG

State

VA

Zip Code

23185-4900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13247139

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 677 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDWARD S. MONINGER

Mailing Address 304 ROYAL GRANT DR

City

WILLIAMSBURG

State

VA

Zip Code

23185-4900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	9	

Transaction ID: SA11.13247250

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN MONSON

Mailing Address 15721 238TH STREET SE

City

SNOHOMISH

State

WA

Zip Code

98296-5409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	9	

Transaction ID: SA11.13237351

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL MONTENES

Mailing Address 517 ROUTE 111

City

HAUPPAUGE

State

NY

Zip Code

11788-4338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: SA11.13217668

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

425.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 678 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. MONTGOMERY

Mailing Address 316 VIEWCREST RD

City

BELLINGHAM

State

WA

Zip Code

98229-8975

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WALCOM COMMUNITY COLLEGE

Occupation

ACADEMIC ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13208267

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JAMES MONTI

Mailing Address 2178 MENDON ROAD  
SUITE 100

City

CUMBERLAND

State

RI

Zip Code

02864-3805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13242947

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. KIMBERLY A. MONTONATI

Mailing Address 6500 CHAMPION GRANDVIEW WAY  
APT. 40002

City

AUSTIN

State

TX

Zip Code

78750-8437

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229456

Amount of Each Receipt this Period

1100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 679 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. BRENT R. MOODY

Mailing Address 319 WALNUT DR

City

NASHVILLE

State

TN

Zip Code

37205-2915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243099

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. BRENT R. MOODY

Mailing Address 319 WALNUT DR

City

NASHVILLE

State

TN

Zip Code

37205-2915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243100

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. MARK MOODY

Mailing Address 7 VANDERBILT PARK DR

City

ASHEVILLE

State

NC

Zip Code

28803-1700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAROLINA SPINE AND NEUROS-  
URGERY CENTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217634

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

820.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 680 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID D. MOON

Mailing Address 1111 FARMINGTON LANE

City

WASHINGTON COURT H

State

OH

Zip Code

43160-8642

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	9

Transaction ID: SA11.13243327

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA MOORE

Mailing Address 1109 N 400 W

City

KOKOMO

State

IN

Zip Code

46901-3880

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	9		2	0	0	9

Transaction ID: SA11.13212810

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BILLY MOORE

Mailing Address P.O. BOX 917

City

BULAN

State

KY

Zip Code

41722-0917

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
GRAPHIC IMPRESSIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Transaction ID: SA11.13217332

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

270.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 681 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHLOE MOORE

Mailing Address 1531 HARNESS OAKS CT

City

HOUSTON

State

TX

Zip Code

77077-1575

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HERITAGE TEXAS PROPERTIESOccupation  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

Transaction ID: SA11.13215260

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. DONALD MOORE

Mailing Address 25599 KELLY RD  
# B

City

ROSEVILLE

State

MI

Zip Code

48066-4975

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Transaction ID: SA11.13226707

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JANE MOORE

Mailing Address 30019 SIEVERDING RIDGE RD

City

BELLEVUE

State

IA

Zip Code

52031-8931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDTRONICOccupation  
WRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11.13244009

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 682 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH A. MOORE

Mailing Address 12730 NW FILBERT ST

City

PORTLAND

State

OR

Zip Code

97229-5518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210877

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LAUREL MOORE

Mailing Address 1001 FOOTHILL RD

City

OJAI

State

CA

Zip Code

93023-1721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AZU

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13243768

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARGARET P. MOORE

Mailing Address 411 TRITON ROAD

City

ORMOND BEACH

State

FL

Zip Code

32176-5459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13232836

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

380.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 683 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT L. L. MOORE

Mailing Address 4275 OWENS RD

City

EVANS

State

GA

Zip Code

30809-3078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HIGHLAND HARDWOOD SALES  
I.

Occupation

EXCECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	9

Transaction ID: SA11.13242089

Amount of Each Receipt this Period

155.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROGER D. MOORE

Mailing Address 9840 SW CLARK HILL RD

City

BEAVERTON

State

OR

Zip Code

97007-8464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216431

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL A. MORABITO

Mailing Address 6451 S VIRGINIA STREET  
SUITE 306

City

RENO

State

NV

Zip Code

89511-1104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BERRY-HINCKLEY INDUSTRIES

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13260112

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 684 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SALVATORE MORABITO

Mailing Address 3983 S. MCCARRAN BOULEVARD #104

City

RENO

State

NV

Zip Code

89502-7510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BERRY-HINCKLEY INDUSTRIES

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13260113

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. OWEN A. MORAN

Mailing Address 15 WOODLEY RD

City

WINNETKA

State

IL

Zip Code

60093-3738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205324

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PATRICK J. MORAN

Mailing Address 2803 SACKETT STREET

City

HOUSTON

State

TX

Zip Code

77098-1125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MORAN EXPLORATION LP

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13221175

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10400.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 685 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ROSLYN MORAN

Mailing Address 1043 S. SUNSHINE AVENUE  
APARTMENT 16

City State Zip Code  
EL CAJON CA 92020-7553

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229592

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SIEDEL E. MORAVITS

Mailing Address 239 MARTIN STREET

City State Zip Code  
UVALDE TX 78801-4337

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208776

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SIEDEL E. MORAVITS

Mailing Address 239 MARTIN STREET

City State Zip Code  
UVALDE TX 78801-4337

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239165

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 686 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. PHYLLIS A. MORELAND

Mailing Address 12862 LAKESHORE DRIVE

City

GRAND HAVEN

State

MI

Zip Code

49417-9650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246006

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ANDREW MORFESIS

Mailing Address 513 OWEN DR

City

FAYETTEVILLE

State

NC

Zip Code

28304-3433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217766

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARGARETA E. MORGAN

Mailing Address 145 NATIONAL BLVD.

City

UNIVERSAL CITY

State

TX

Zip Code

78148-4400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229534

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

605.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 687 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM C. MORGAN, JR.

Mailing Address 16 WILD ACRE ROAD

City

CHARLESTON

State

WV

Zip Code

25314-1442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219166

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JAN MORRIS

Mailing Address 2304 W 96TH ST

City

LEAWOOD

State

KS

Zip Code

66206-1912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242527

Amount of Each Receipt this Period

305.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL R. MORRIS

Mailing Address 5620 SW 11TH AVENUE

City

CAPE CORAL

State

FL

Zip Code

33914-7238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSTRUCTION CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13234770

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

380.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 688 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD E. MORRISON

Mailing Address 425 GOLF VIEW DR

City

JACKSON

State

AL

Zip Code

36545-3207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 9

Transaction ID: SA11.13208167

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WENDELL MORRIS

Mailing Address 212 PETUNIA DR

City

FLOWER MOUND

State

TX

Zip Code

75028-5136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1030.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225367

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WENDELL MORRIS

Mailing Address 212 PETUNIA DR

City

FLOWER MOUND

State

TX

Zip Code

75028-5136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1030.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225371

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 689 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. KATHLEEN MORROW

Mailing Address 1620 TROON NORTH ST

City

EL DORADO

State

KS

Zip Code

67042-4363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Transaction ID: SA11.13236147

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARIE B. MORSE

Mailing Address 3025 WOODCLIFF DR NW

City

CANTON

State

OH

Zip Code

44718-3333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Transaction ID: SA11.13230291

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM S. MORTENSEN

Mailing Address 559 ALMOLOYA DR

City

PACIFIC PALISADES

State

CA

Zip Code

90272-4426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11.13250978

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

505.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 690 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. MOSHOFSKY

Mailing Address 10585 SW 161ST CT.

City

BEAVERTON

State

OR

Zip Code

97007-8171

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	9

Transaction ID: SA11.13225861

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CARILYN MOSLEY

Mailing Address 5050 RIVERHILL RD NE

City

MARIETTA

State

GA

Zip Code

30068-4858

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	9

Transaction ID: SA11.13207460

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ANNE MOTSENBACKER

Mailing Address P.O. BOX 836515

City

RICHARDSON

State

TX

Zip Code

75083-6515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JP MORGAN CHASEOccupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: SA11.13232228

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 691 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FRED L. MOTTER, JR.

Mailing Address 798 SPRING LN

City

YORK

State

PA

Zip Code

17403-3416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219806

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRED L. MOTTER, JR.

Mailing Address 798 SPRING LN

City

YORK

State

PA

Zip Code

17403-3416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240593

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROCKY MOUNTAIN

Mailing Address 2515 WOOLDRIDGE DR

City

AUSTIN

State

TX

Zip Code

78703-2535

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209709

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 692 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DR. SAMANTHA MUCHA**

Mailing Address **4073 LARK LANE**

City State Zip Code  
**YPSILANTI MI 48197-6626**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PROMEDICA PHYSICIAN GROUP**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2550.00**

Date of Receipt

**12 / 29 / 2009**

Transaction ID: SA11.13247303

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**LT. GEN. DONALD M. MUELLER**

Mailing Address **1010 W. CENTER STREET  
 APARTMENT 2**

City State Zip Code  
**ROCHESTER MN 55902-6283**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

**12 / 28 / 2009**

Transaction ID: SA11.13239000

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. GEORGE H. MUELLER**

Mailing Address **9572 OXBOROUGH CURVE**

City State Zip Code  
**BLOOMINGTON MN 55437-3704**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**310.00**

Date of Receipt

**12 / 21 / 2009**

Transaction ID: SA11.13226895

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**350.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 693 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE H. MUELLER

Mailing Address 9572 OXBOROUGH CURVE

City

BLOOMINGTON

State

MN

Zip Code

55437-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13227200

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD MUELLER

Mailing Address 1 US BANK PLZ STE 2700

City

SAINT LOUIS

State

MO

Zip Code

63101-1616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13234414

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JO ANN ANN MUIR

Mailing Address 298 MUIR RANCH RD

City

ALEDO

State

TX

Zip Code

76008-3700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
RANCHING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 9

Transaction ID: SA11.13226674

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 694 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HOWARD M. MULDER

Mailing Address 156 CHICKAMAW RD

City

LECOMPTE

State

LA

Zip Code

71346-9521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210494

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWARD MULDOON

Mailing Address 729 BLUEWOOD DR SE

City

HUNTSVILLE

State

AL

Zip Code

35802-3601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13243759

Amount of Each Receipt this Period

215.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PATRICK L. MULHERN

Mailing Address P.O. BOX 1235

City

LA PORTE

State

TX

Zip Code

77572-1235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OXY

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222356

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 695 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD F. MULICK

Mailing Address 6314 SAN BONITA AVE

City

CLAYTON

State

MO

Zip Code

63105-3116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216657

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD F. MULICK

Mailing Address 6314 SAN BONITA AVE

City

CLAYTON

State

MO

Zip Code

63105-3116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239877

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HENRY A. MULLER

Mailing Address 5742 PARKVIEW LAKE DR

City

ORLANDO

State

FL

Zip Code

32821-5505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236753

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 696 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JEAN MULLENS

Mailing Address 2124 E SANTIAGO ST

City

COVINA

State

CA

Zip Code

91724-3949

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229466

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RICHARD C. MULLEN

Mailing Address W6824 RED RIVER RD

City

ANTIGO

State

WI

Zip Code

54409-9051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13250977

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD D. MULLEN

Mailing Address 481 ROSEMONT ST

City

LA JOLLA

State

CA

Zip Code

92037-6063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209761

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 697 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARY N. MULLINIX

Mailing Address 19129 HOLBERTON LANE

City

BROOKEVILLE

State

MD

Zip Code

20833-2633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	0	9

Transaction ID: SA11.13206773

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN P. MUNDY

Mailing Address 5550 STATE LINE RD

City

PRAIRIE VILLAGE

State

KS

Zip Code

66208-1155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	0	9

Transaction ID: SA11.13220983

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SUSAN H. MUNDY

Mailing Address 4904 KANAWHA AVE SE

City

CHARLESTON

State

WV

Zip Code

25304-2004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	8		2	0	0	9

Transaction ID: SA11.13212257

Amount of Each Receipt this Period

55.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

605.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 698 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAY H. MURDOCK

Mailing Address 755 CASTLE BLVD

City

AKRON

State

OH

Zip Code

44313-5709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13213567

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAY H. MURDOCK

Mailing Address 755 CASTLE BLVD

City

AKRON

State

OH

Zip Code

44313-5709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236920

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWARD H. MURRAY

Mailing Address P.O. BOX 267  
SUITE Q.

City

ASTOR

State

FL

Zip Code

32102-0267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13242675

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 699 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ELLEN M. MURRAY

Mailing Address 1531 STEWART DR

City

SARASOTA

State

FL

Zip Code

34232-3217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13234388

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. HILDEGARD MURRAY

Mailing Address 5349 FOXHOUND DRIVE

City

NAPLES

State

FL

Zip Code

34104-4902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236716

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PATRICK J. MURRAY

Mailing Address 8 LINNEA PL

City

RINGWOOD

State

NJ

Zip Code

07456-1832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PJM AND SONS INC.

Occupation  
MECHANICAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209660

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 700 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. E ANTHONY MUSARRA

Mailing Address 120 VANN ST NE STE 150

City

MARIETTA

State

GA

Zip Code

30060-7358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13226767

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. J. MUSGRAVE

Mailing Address 5018 W HAMILTON RD S

City

FORT WAYNE

State

IN

Zip Code

46814-9413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMMUNITY HEALTH SERVICES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230717

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. FRANK MUSSEMAN

Mailing Address 180 S 3RD ST  
SUITE 200

City

BELLEVILLE

State

IL

Zip Code

62220-1952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13221025

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 701 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MRS. DONNIE J. MYERS

Mailing Address 1009 MAPLE WOODS DR

City State Zip Code  
LIBERTY MO 64068-2385

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219201

Amount of Each Receipt this Period

55.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. MICHAEL MYERS

Mailing Address 104 WEST TORONJA RD

City State Zip Code  
BAYVIEW TX 78566-4509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NRS CONSULTING ENGINEERS

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13247010

Amount of Each Receipt this Period

120.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MRS. RUTH MYERS

Mailing Address 2999 COUNTRY WOODS LN

City State Zip Code  
CINCINNATI OH 45248-5058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220595

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

325.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 702 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. CRAIG A. NACHBAUER

Mailing Address 1 JERRY DRIVE

City

PLATTSBURGH

State

NY

Zip Code

12901-1421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALBANI CARDIOTHORACIC SUR-  
GEONS

Occupation

THORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13227012

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. CRAIG A. NACHBAUER

Mailing Address 1 JERRY DRIVE

City

PLATTSBURGH

State

NY

Zip Code

12901-1421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALBANI CARDIOTHORACIC SUR-  
GEONS

Occupation

THORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241054

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS RICHARD NAEGELE

Mailing Address 1355 ANGELO DR

City

BEVERLY HILLS

State

CA

Zip Code

90210-2040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RJN PRODUCTIONS

Occupation

FILM PRODUCER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13215005

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

710.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 703 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. YUKI NAKASHIMA

Mailing Address 3279 GLENDON AVE.  
APT 6

City State Zip Code  
LOS ANGELES CA 90034-4405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
A L CLARK

Occupation  
SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13226887

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JOHN J. NANFRO

Mailing Address 301 W 26TH ST

City State Zip Code  
LYNN HAVEN FL 32444-4713

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NORTHWEST FLORIDA HEMATO-  
COLOGY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13296474

Amount of Each Receipt this Period

-300.00

CONTRIBUTION

CHARGED BACK

**C.**

Full Name (Last, First, Middle Initial)

MS. BEVERLY A. NASLUND

Mailing Address 7448 COUNTRY COMMONS LN

City State Zip Code  
SYLVANIA OH 43560-2965

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228812

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

-65.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 704 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. MARWAN NASRALLA

Mailing Address 2002 S GRAND AVE  
STE A

City

SANTA ANA

State

CA

Zip Code

92705-5223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
I. V D TECHNOLOGIESOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Transaction ID: SA11.13217640

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LESTER C. NEAL

Mailing Address 305 2ND ST WEST

City

ROUNDUP

State

MT

Zip Code

59072-2705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	0		2	0	0	9

Transaction ID: SA11.13214105

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TED NEHRENBURG

Mailing Address 3028 JAVA RD

City

COSTA MESA

State

CA

Zip Code

92626-3506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	0	9

Transaction ID: SA11.13229452

Amount of Each Receipt this Period

115.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

465.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 705 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WALTER B. NEIDERT

Mailing Address 11900 BARRYKNOLL LANE  
APARTMENT 5320

City State Zip Code  
HOUSTON TX 77024-4368

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240889

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

NANCY L. NEIGHBORS

Mailing Address 26035 W 73RD ST

City State Zip Code  
SHAWNEE KS 66227-2502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228048

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JAMES NEILL

Mailing Address 5701 BOW POINTE DR  
# 100

City State Zip Code  
CLARKSTON MI 48346-3199

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CLARKSTON MEDICAL GROUP

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223576

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 706 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. VICKIE M. NEILL

Mailing Address 5310 N 37TH PL

City

PARADISE VALLEY

State

AZ

Zip Code

85253-7538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13231832

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD NELSON

Mailing Address P.O. BOX 401458

City

HESPERIA

State

CA

Zip Code

92340-1458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209808

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DORIS NELSON

Mailing Address 335 E HOUGHTON AVE

City

WEST BRANCH

State

MI

Zip Code

48661-1127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206282

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

555.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 707 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. GERALDINE NELSON

Mailing Address 910 SHAWNEE RD

City

WAXAHACHIE

State

TX

Zip Code

75165-7103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241693

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RUSSELL NELSON

Mailing Address 808 CARMICHAEL RD

City

HUDSON

State

WI

Zip Code

54016-7759

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEPT OF THE ARMY

Occupation  
LT COL US ARMY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208555

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RUSSELL NELSON

Mailing Address 808 CARMICHAEL RD

City

HUDSON

State

WI

Zip Code

54016-7759

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEPT OF THE ARMY

Occupation  
LT COL US ARMY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13221233

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 708 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RUSSELL NELSON

Mailing Address 808 CARMICHAEL RD

City

HUDSON

State

WI

Zip Code

54016-7759

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEPT OF THE ARMY

Occupation

LT COL US ARMY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241694

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOANN NEVYAS

Mailing Address 1120 TOWER LN E

City

PENN VALLEY

State

PA

Zip Code

19072-1132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225409

Amount of Each Receipt this Period

320.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM M. NEWBURY

Mailing Address 8535 MENTOR RD

City

MENTOR

State

OH

Zip Code

44060-7957

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238274

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 709 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HOWARD D. NEWCOMB

Mailing Address 9649 E AVENUE S2

City

LITTLEROCK

State

CA

Zip Code

93543-1913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: SA11.13222353

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HOWARD D. NEWCOMB

Mailing Address 9649 E AVENUE S2

City

LITTLEROCK

State

CA

Zip Code

93543-1913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	9	

Transaction ID: SA11.13234973

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DAVID NEWMAN

Mailing Address 3186 W LONG LAKE RD

City

WEST BLOOMFIELD

State

MI

Zip Code

48323-1839

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	9	

Transaction ID: SA11.13241869

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

345.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 710 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES E. NEWMAN

Mailing Address 4202 LAKE MEADOW WAY

City

LOUISVILLE

State

TN

Zip Code

37777-3029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227456

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL NEWMAN

Mailing Address 6404 WILSHIRE BLVD # 550

City

LOS ANGELES

State

CA

Zip Code

90048-5516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206422

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MAXINE A. NEWSTEAD

Mailing Address 37684 N LAUREL PARK DR

City

LIVONIA

State

MI

Zip Code

48152-2663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243410

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 711 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN F. NEWTON

Mailing Address 25 WASHINGTON COURT  
APARTMENT 7-1

City State Zip Code  
STAMFORD CT 06902-2334

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243078

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN F. NEWTON

Mailing Address 25 WASHINGTON COURT  
APARTMENT 7-1

City State Zip Code  
STAMFORD CT 06902-2334

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244606

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALEXANDER NICOLAIDES

Mailing Address 92 MEADOW WOODS RD.

City State Zip Code  
GREAT NECK NY 11020-1331

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216502

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 712 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. D. E. NICOLAIDES

Mailing Address 8725 54TH ST

City

RIVERSIDE

State

CA

Zip Code

92509-3946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACUITY MACH. CO. INC.

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202893

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARION A. NICOLSEN

Mailing Address 31781 ROAD 416

City

COARSEGOLD

State

CA

Zip Code

93614-9555

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241143

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BONNIE J. NIDEVER

Mailing Address 1331 PELHAM ROAD  
UNIT 67B

City

SEAL BEACH

State

CA

Zip Code

90740-4045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13234733

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 713 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. BONNIE J. NIDEVER

Mailing Address 1331 PELHAM ROAD  
UNIT 67B

City State Zip Code  
SEAL BEACH CA 90740-4045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245736

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES E. NIELSON

Mailing Address PO BOX 700

City State Zip Code  
CODY WY 82414-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JAMES NIELSON INC.

Occupation  
PRESIDENT & C E O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13251770

Amount of Each Receipt this Period

6000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. EILEEN NIGRO

Mailing Address 6 WEDGEWOOD DR.

City State Zip Code  
BLUE BELL PA 19422-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207069

Amount of Each Receipt this Period

155.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

6230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 714 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. STIG L. NILSSON**

Mailing Address **20715 BRUSH RD**

City State Zip Code  
**LOS GATOS CA 95033-9138**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**235.00**

Date of Receipt

**12 / 04 / 2009**

Transaction ID: SA11.13208464

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. STIG L. NILSSON**

Mailing Address **20715 BRUSH RD**

City State Zip Code  
**LOS GATOS CA 95033-9138**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**235.00**

Date of Receipt

**12 / 28 / 2009**

Transaction ID: SA11.13239448

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DR. JEROME NISWONGER**

Mailing Address **6283 CLARK RD  
 SUITE 10**

City State Zip Code  
**PARADISE CA 95969-4100**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**12 / 04 / 2009**

Transaction ID: SA11.13207030

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**385.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 715 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. NITZ

Mailing Address 1053 E CROWN POINTE BLVD

City

GREENSBURG

State

IN

Zip Code

47240-7970

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13206736

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. CAROLYN C. NIX

Mailing Address 700 E LAKE DR  
UNIT 105

City

ORANGE

State

CA

Zip Code

92866-2761

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PREMIER COMMERCIAL BANK

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204813

Amount of Each Receipt this Period

305.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SUSAN M. NOEGEL

Mailing Address 4747 COUNTY D

City

WEST BEND

State

WI

Zip Code

53090-9357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SLINGER SCHOOL DISTRICT

Occupation  
JANITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216693

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. KARL THOMAS NOELL

Mailing Address 630 GREENBRIAR RD

City

LAFAYETTE

State

LA

Zip Code

70503-3408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231248

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DEAN NOLAND

Mailing Address 3032 W. LAKESIDE DRIVE

City

MOSES LAKE

State

WA

Zip Code

98837-2921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13213189

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DEAN NOLAND

Mailing Address 3032 W. LAKESIDE DRIVE

City

MOSES LAKE

State

WA

Zip Code

98837-2921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220183

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

580.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FRED W. NOLLEN

Mailing Address 1621 ENGLISH OAK COURT

City

WEXFORD

State

PA

Zip Code

15090-2505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HINES

Occupation

FOOD MANFCUATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13231905

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR JOHN NORDAN

Mailing Address 1084 VINEHAVEN DR NE

City

CONCORD

State

NC

Zip Code

28025-2438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216854

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. OLAF B. NORDLING

Mailing Address 6073 MADRA AVE

City

SAN DIEGO

State

CA

Zip Code

92120-3943

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13212070

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 718 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT BERNARD NORDSTROM

Mailing Address 8389 TOLAN RD

City State Zip Code  
PLEASANT PLNS IL 62677-4084

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CLINICAL RADIOLOGIST

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217209

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT BERNARD NORDSTROM

Mailing Address 8389 TOLAN RD

City State Zip Code  
PLEASANT PLNS IL 62677-4084

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CLINICAL RADIOLOGIST

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13221362

Amount of Each Receipt this Period

41.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
M SGT CHRISTOPHER L. NORFOLK

Mailing Address P.O. BOX 5298

City State Zip Code  
ALBUQUERQUE NM 87185-5298

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WSI

Occupation  
PLANNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236273

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

391.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 719 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ELVA E. NORTON

Mailing Address 22268 GREAT NORTHERN DR

City

COLD SPRING

State

MN

Zip Code

56320-9781

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235544

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT NORTON

Mailing Address P.O. BOX 147

City

MIDDLEBURY

State

VT

Zip Code

05753-0147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217717

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILBERT B. NORTON, JR.

Mailing Address 23 BEAUREGARD DR

City

WILMINGTON

State

NC

Zip Code

28412-6701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13213522

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

505.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 720 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. PHILIP R. NOTHNAGLE

Mailing Address 12 HARRINGTON DRIVE

City State Zip Code  
FAIRPORT NY 14450-4229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOTHNAGLE REALTORS

Occupation  
REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13225298

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
DR. KHALED NOUR

Mailing Address 655 SIERRA ROSE DR

City State Zip Code  
RENO NV 89511-2060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206284

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR JOE NOVOGRATZ

Mailing Address 8303 AUDUBON RD

City State Zip Code  
BURNSVILLE MN 55337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216821

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

825.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 721 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES S. NOYES

Mailing Address 3417 RIDGEMONT DR

City

MOUNTAIN VIEW

State

CA

Zip Code

94040-4540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217054

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. TERESA E. NUGENT

Mailing Address 930 MONTGOMERY AVENUE  
APT 504

City

BRYN MAWR

State

PA

Zip Code

19010-3041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206560

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. TERESA E. NUGENT

Mailing Address 930 MONTGOMERY AVENUE  
APT 504

City

BRYN MAWR

State

PA

Zip Code

19010-3041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220203

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 722 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. JOE L. NUNNALLY**

Mailing Address **1091 SIMS DRIVE**

City State Zip Code  
**ATHENS GA 30606-5728**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**12 / 10 / 2009**

Transaction ID: SA11.13214656

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. CHARLES W. O'CONNOR**

Mailing Address **241 AUDUBON COURT**

City State Zip Code  
**NEW HAVEN CT 06510-1202**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FELLIN INC.**

Occupation

**ATTORNEY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**12 / 29 / 2009**

Transaction ID: SA11.13242609

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MS. BERENICE O'CONNELL**

Mailing Address **3100 SHORE DR  
APT 1241**

City State Zip Code  
**VIRGINIA BEACH VA 23451-7319**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**205.00**

Date of Receipt

**12 / 04 / 2009**

Transaction ID: SA11.13207002

Amount of Each Receipt this Period

**105.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**205.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 723 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR MICHAEL J. O'CONNELL

Mailing Address 255 RTE 108

City

SOMERSWORTH

State

NH

Zip Code

03878-1543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217669

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL PATRICK O'CONNOR

Mailing Address 1013 WORMLEY CREEK DR

City

YORKTOWN

State

VA

Zip Code

23692-4243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHFORT PLUMBING

Occupation

ENGINEERING MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229458

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DANIEL P. O'HAIR

Mailing Address 2901 W KINNICKINNIC RIVER PKWY  
# 310

City

MILWAUKEE

State

WI

Zip Code

53215-3660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223613

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

810.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 724 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. L P. O'MALLEY

Mailing Address 406 BALSAM AVENUE

City

BAKERSFIELD

State

CA

Zip Code

93305-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228728

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. L P. O'MALLEY

Mailing Address 406 BALSAM AVENUE

City

BAKERSFIELD

State

CA

Zip Code

93305-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228809

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL E. O'MEARA

Mailing Address 198 PEMBROKE ST

City

KINGSTON

State

MA

Zip Code

02364-1012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ENTERGY

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238300

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 725 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

REV. HUGH H. O'REGAN

Mailing Address 101 SETH PARKER ROAD

City

CENTERVILLE

State

MA

Zip Code

02632-2166

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13245021

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR KEVIN O' NEIL

Mailing Address 2001 N MACARTHUR BLVD  
SUITE # 540

City

IRVING

State

TX

Zip Code

75061-2255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217504

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JACK OAKES

Mailing Address P.O. BOX 13234

City

LAS VEGAS

State

NV

Zip Code

89112-1234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

446.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215893

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

520.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 726 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GARY A. OAKLEY

Mailing Address 3211 W BEAR CREEK DR

City

ENGLEWOOD

State

CO

Zip Code

80110-3210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224318

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BURNELL J. OATES

Mailing Address 806 JULLIARD COURT

City

ORLANDO

State

FL

Zip Code

32828-8672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13221951

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ROSE MARY OBERKROM

Mailing Address 3439 200TH AVENUE

City

LENORA

State

KS

Zip Code

67645-9523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219052

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 727 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. CHARLOTTE TOWNE OCONNELL**

Mailing Address **116 LINCOLN ST**

City State Zip Code  
**STERLING CO 80751-4133**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**12 / 18 / 2009**

**Transaction ID: SA11.13228188**

Amount of Each Receipt this Period

**250.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. THOMAS E. ODELL**

Mailing Address **1607 HANCOCK STREET**

City State Zip Code  
**BELLEVUE NE 68005-3447**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DIGITAL SUPPORT**

Occupation  
**ASSISTANT TECHNICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**674.00**

Date of Receipt

**12 / 22 / 2009**

**Transaction ID: SA11.13233752**

Amount of Each Receipt this Period

**365.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. RAY P. ODEN**

Mailing Address **702 THORA BLVD**

City State Zip Code  
**SHREVEPORT LA 71106-1824**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**12 / 11 / 2009**

**Transaction ID: SA11.13215540**

Amount of Each Receipt this Period

**500.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**1115.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 728 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. KENNETH ODINET**

Mailing Address **501 W SAINT MARY BLVD  
STE 514**

City State Zip Code  
**LAFAYETTE LA 70506-4699**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**800.00**

Date of Receipt

**12 / 15 / 2009**

**Transaction ID: SA11.13217499**

Amount of Each Receipt this Period

**300.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. WOODWARD T. ODIORNE**

Mailing Address **372 LUCKY HILL RD.**

City State Zip Code  
**WEST CHESTER PA 19382-2049**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FINANCIAL PLANNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**12 / 10 / 2009**

**Transaction ID: SA11.13213672**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**DR. DENNIS M. OGIELA**

Mailing Address **22 EAGLE RD**

City State Zip Code  
**DANBURY CT 06810-4129**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TEAM REHAB., PC**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 15 / 2009**

**Transaction ID: SA11.13217212**

Amount of Each Receipt this Period

**300.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**700.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 729 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. BRUCE OGILVIE**

Mailing Address **121 S BROADWAY AVE  
STE 572**

City State Zip Code  
**TYLER TX 75702-7279**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REFUSED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**420.00**

Date of Receipt

**12 / 18 / 2009**

**Transaction ID: SA11.13224950**

Amount of Each Receipt this Period

**210.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. DONALD A. OHLEMACHER, JR.**

Mailing Address **2904 SUNSET LANE**

City State Zip Code  
**SANDUSKY OH 44870-5984**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**12 / 09 / 2009**

**Transaction ID: SA11.13213044**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JACQUE OJADIDI**

Mailing Address **10391 SWEET JULIET ST**

City State Zip Code  
**LAS VEGAS NV 89183-7701**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CHANNEL WEB**

Occupation  
**SALES MANAGER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1175.00**

Date of Receipt

**12 / 01 / 2009**

**Transaction ID: SA11.13204948**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**335.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 730 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STANLEY OKAZAKI

Mailing Address P.O. BOX 13

City

GARDENA

State

CA

Zip Code

90248-0013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAD REHABBERS INC.

Occupation

REALESTATE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13296490

Amount of Each Receipt this Period

-250.00

CONTRIBUTION

CHARGED BACK

**B.**

Full Name (Last, First, Middle Initial)

MRS. LUCY J. OLDFIELD, JR.

Mailing Address 3100 SHORE DRIVE  
APT 1113

City

VIRGINIA BCH

State

VA

Zip Code

23451-1163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210790

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR ROLLAND S. OLDS

Mailing Address PO BOX 500

City

POINT CLEAR

State

AL

Zip Code

36564-0500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217734

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 731 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SHIRLEY S. OLIVER

Mailing Address P.O. BOX 213

City

RED OAK

State

TX

Zip Code

75154-0213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217065

Amount of Each Receipt this Period

109.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. R. OLSON

Mailing Address 6306 HUNTOVER LANE

City

NORTH BETHESDA

State

MD

Zip Code

20852-3672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OARI

Occupation  
PUBLISHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217244

Amount of Each Receipt this Period

510.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GERALD W. OLTMAN

Mailing Address 258 MAIN ST

City

SEBASTIAN

State

FL

Zip Code

32958-4030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244934

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1119.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 732 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. KYLE ONEAL

Mailing Address 7011 EVANS TOWN CENTER BLVD

City

EVANS

State

GA

Zip Code

30809-4315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204867

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GERIANNE ORDAZ

Mailing Address 550 ORCHARD PARK ROAD  
# A101

City

WEST SENECA

State

NY

Zip Code

14224-2654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241041

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD G. OREN

Mailing Address 3105 SANDY HOOK DRIVE

City

ROSEVILLE

State

MN

Zip Code

55113-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DART TRANSIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13212728

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10600.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 733 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID V. ORF

Mailing Address 846 HAWK RUN TRAIL

City

O. FALLON

State

MO

Zip Code

63368-8189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222627

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH B. ORGAN, JR.

Mailing Address 1213 PARK AVENUE

City

RIVER FOREST

State

IL

Zip Code

60305-1019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAYER BROWN

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13247417

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH M. ORLANDO

Mailing Address 1 WESTERN AVE

City

GLOUCESTER

State

MA

Zip Code

01930-3644

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ORLANDO & ASSOCIATES

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216826

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

855.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 734 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. CURTIS B. ORLOFF**

Mailing Address **1121 CAMELLIA BLVD.**  
**UNIT 301**

City State Zip Code  
**LAFAYETTE LA 70508-6049**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HALIBURTON**

Occupation  
**ENGINEER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**260.00**

Date of Receipt

**12 / 21 / 2009**

Transaction ID: SA11.13227179

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. LINDA S. ORRO**

Mailing Address **9065 ELIZABETH LAKE ROAD**

City State Zip Code  
**LEONA VALLEY CA 93551-7100**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MEEKER, ORRO, & MINDEL**

Occupation  
**C.F.O.**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**11000.00**

Date of Receipt

**12 / 02 / 2009**

Transaction ID: SA11.13207308

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DR. AMIL ORTIZ**

Mailing Address **139 PARK RIDGE**

City State Zip Code  
**BOERNE TX 78006-5712**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 16 / 2009**

Transaction ID: SA11.13220965

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**1325.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 735 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARYGINA ORTIZ

Mailing Address 188 STEADWELL RD

City

AMSTERDAM

State

NY

Zip Code

12010-7507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238263

Amount of Each Receipt this Period

310.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD J. OSBORN

Mailing Address 927 N WALNUT ST

City

LANSING

State

MI

Zip Code

48906-5112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STATE OF MICHIGAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PROGRAMMER

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13242844

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARK A. OTNES

Mailing Address 5 FREMONT DRIVE S.

City

FARGO

State

ND

Zip Code

58103-5092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BLUE CROSS BLUE SHIELD OF  
ND

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

COMPUTER PROGRAMMER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13211507

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

485.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 736 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH J. OTT

Mailing Address 22042 ARROWHEAD LN

City

LAKE FOREST

State

CA

Zip Code

92630-2301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLOORING SERVICE

Occupation

CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220467

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. SCHIRA L. OTT

Mailing Address 9621 E MAIN ST

City

HOUMA

State

LA

Zip Code

70363-5485

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST GREGORY SCHOOL

Occupation

TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204889

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CATHLEEN A. OTTO

Mailing Address 164 GARLAND RD

City

BREEZEWOOD

State

PA

Zip Code

15533-8421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMPLETE HEALTHCARE RESOU-  
RCES

Occupation

VP- NURSING HOME MGT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229451

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

535.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 737 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. DENISE OTTO**

Mailing Address **242 SPRINGWOOD DR**

City State Zip Code  
**WOODLAND WA 98674-9268**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TBS**

Occupation  
**TELECOMMUNITATIONS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**215.00**

Date of Receipt

**12 / 29 / 2009**

Transaction ID: SA11.13243113

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. AUSTIN OURADA**

Mailing Address **2544 SW 184TH AVE**

City State Zip Code  
**BEAVERTON OR 97006**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**12 / 07 / 2009**

Transaction ID: SA11.13209658

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. CORNELIUS OVERGAAUW**

Mailing Address **10036 ARTESIA PL**

City State Zip Code  
**BELLFLOWER CA 90706-6727**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ADVANCED CONCRETE**

Occupation  
**OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**230.00**

Date of Receipt

**12 / 23 / 2009**

Transaction ID: SA11.13232040

Amount of Each Receipt this Period

**60.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**345.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 738 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. LARRY B. OXFORD**

Mailing Address **210 E SONTERRA BLVD APT 836**

City State Zip Code  
**SAN ANTONIO TX 78258-3957**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MC FARLIN TENNIS CNTR**

Occupation  
**TENNIS COACH/ATTORNEY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**12 / 29 / 2009**

**Transaction ID: SA11.13238321**

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. KARL PAASCH**

Mailing Address **1057 LAUDERDALE PL N**

City State Zip Code  
**ONALASKA WI 54650-3296**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**A P N INC.**

Occupation  
**BUS. OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**12 / 02 / 2009**

**Transaction ID: SA11.13206766**

Amount of Each Receipt this Period

**400.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. EARL C. PADGETT**

Mailing Address **6522 SUMMIT STREET**

City State Zip Code  
**KANSAS CITY MO 64113-1821**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 31 / 2009**

**Transaction ID: SA11.13245798**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**1000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 739 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ROY PAGE

Mailing Address 4315 WALNUT GROVE ROAD

City

MEMPHIS

State

TN

Zip Code

38117-2405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229478

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. NEIL H. PALMER

Mailing Address 890 ELM GROVE RD STE 100

City

ELM GROVE

State

WI

Zip Code

53122-2528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEIL PALMER & ASSOCIATES  
LLC

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13234392

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH PALUMBO

Mailing Address 50 PLEASANT STREET

City

RUTLAND

State

VT

Zip Code

05701-5008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224885

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 740 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. VICTOR W. PAOUNOFF

Mailing Address NEW SWEDEN ROAD

City

WOODSTOCK

State

CT

Zip Code

06281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207524

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. VICTOR W. PAOUNOFF

Mailing Address NEW SWEDEN ROAD

City

WOODSTOCK

State

CT

Zip Code

06281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233197

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JIMMY PAPPAS

Mailing Address 7609 CORTLANDT PL

City

NORFOLK

State

VA

Zip Code

23505-2901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTERGRAPH CORP

Occupation  
BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13247058

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

165.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 741 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. JIMMY PAPPAS**

Mailing Address **7609 CORTLANDT PL**

City State Zip Code  
**NORFOLK VA 23505-2901**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INTERGRAPH CORP**

Occupation  
**BUSINESS DEVELOPMENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**475.00**

Date of Receipt

**12 / 30 / 2009**

Transaction ID: SA11.13247371

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. GUY K. L. PARIS**

Mailing Address **11 DRIFTWOOD ROAD**

City State Zip Code  
**MARBLEHEAD MA 01945-1250**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MASS. HUMAN RESOURCES DIV.**

Occupation  
**PERSONNEL SELECTION SPECIALIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**515.00**

Date of Receipt

**12 / 12 / 2009**

Transaction ID: SA11.13214741

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. GUY K. L. PARIS**

Mailing Address **11 DRIFTWOOD ROAD**

City State Zip Code  
**MARBLEHEAD MA 01945-1250**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MASS. HUMAN RESOURCES DIV.**

Occupation  
**PERSONNEL SELECTION SPECIALIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**515.00**

Date of Receipt

**12 / 23 / 2009**

Transaction ID: SA11.13235477

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**90.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 742 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GUY K. L. PARIS

Mailing Address 11 DRIFTWOOD ROAD

City

MARBLEHEAD

State

MA

Zip Code

01945-1250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MASS. HUMAN RESOURCES DIV.

Occupation

PERSONNEL SELECTION SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	9

Transaction ID: SA11.13238323

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN R. PARISH

Mailing Address P.O. BOX 1948

City

ANDREWS

State

TX

Zip Code

79714-1948

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JOHN R. PARISH OIL COM.

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	0	9

Transaction ID: SA11.13225752

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BRIAN PARKER

Mailing Address 214 W NINTH ST

City

ROANOKE

State

LA

Zip Code

70581-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REFUSED

Occupation

REFUSED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	0	9

Transaction ID: SA11.13232015

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

120.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 743 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LEONARD B. PARKER

Mailing Address 14304 BARRETT MILL ROAD

City

BAINBRIDGE

State

OH

Zip Code

45612-9524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: SA11.13227574

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. PARKER

Mailing Address P.O. BOX 9609

City

CORPUS CHRISTI

State

TX

Zip Code

78469-9609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REPCON, INC.Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Transaction ID: SA11.13296453

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL S. PARMELEE

Mailing Address 940 KEEP WAY LOOP

City

OVIEDO

State

FL

Zip Code

32765-8276

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11.13246980

Amount of Each Receipt this Period

160.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1185.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 744 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. VERNON D. PARMLEY

Mailing Address 800 1ST ST

City

WAUSAU

State

WI

Zip Code

54403-4754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
PHYSICIAN

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13225065

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT G. PARSE

Mailing Address 13614 APPLE TREE RD

City

HOUSTON

State

TX

Zip Code

77079-7011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

809.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231028

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

KIM T. PARSON

Mailing Address 3407 GALLATIN DR

City

BISMARCK

State

ND

Zip Code

58504-8994

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
LANDMAN, OIL & GAS

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202955

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 745 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARY L. PARSONS

Mailing Address HC 31 BOX 9

City

AUSTIN

State

NV

Zip Code

89310-9500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210950

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL R. PARSONS

Mailing Address 7042 MCFARLAND ROAD

City

INDIANAPOLIS

State

IN

Zip Code

46227-7862

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223629

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. NICHOLAS A. PASCUZZI, JR.

Mailing Address P.O. BOX 2441

City

EAST LIVERPOOL

State

OH

Zip Code

43920-0441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEW DOMINION CONST. INC

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241127

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 746 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BOYD PATE

Mailing Address 1766 BANKHEAD HWY.

City

WINFIELD

State

AL

Zip Code

35594-6112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PEPSI AND DR. PEPPER BOTTLING CO.

Occupation

FINANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245451

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LAWRENCE M. PATELLA

Mailing Address 2714 NE 42ND CIRCLE

City

VANCOUVER

State

WA

Zip Code

98663-3719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217138

Amount of Each Receipt this Period

155.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. SUBHASH PATEL

Mailing Address 1725 W HARRISON ST  
STE 818

City

CHICAGO

State

IL

Zip Code

60612-3895

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216461

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 747 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. LYNNE E. PATENAUE**

Mailing Address **781 VALLEY FORGE DRIVE**

City State Zip Code  
**SLINGER WI 53086-9345**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**234.00**

Date of Receipt

**12 / 30 / 2009**

Transaction ID: SA11.13245010

Amount of Each Receipt this Period

**125.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT T. PATEY**

Mailing Address **SANTA CATALINA VILLA RM # 1220**

City State Zip Code  
**TUCSON AZ 85718**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 04 / 2009**

Transaction ID: SA11.13208778

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT T. PATEY**

Mailing Address **SANTA CATALINA VILLA RM # 1220**

City State Zip Code  
**TUCSON AZ 85718**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 22 / 2009**

Transaction ID: SA11.13233602

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**225.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 748 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MILDRED PATI

Mailing Address 217 BOOTH ST APT 436

City

GAITHERSBURG

State

MD

Zip Code

20878-5485

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217678

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD A. PATRICK

Mailing Address 1202 N PACIFIC ST  
UNIT A402

City

OCEANSIDE

State

CA

Zip Code

92054-1045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PATRICK ASSOCIATESOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204877

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ROBERTA L. PATTERSON

Mailing Address 19 ELIZABETH CIRCLE

City

GREENBRAE

State

CA

Zip Code

94904-3033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217072

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

360.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 749 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. L. EUGENE PAULING

Mailing Address 10 E. HONEY LOCUST DRIVE

City

LEWISBURG

State

PA

Zip Code

17837-9221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216495

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. BOBBIE N N. PAUSTIAN

Mailing Address 1305 7TH AVE

City

MOLINE

State

IL

Zip Code

61265-2010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KANEZ FLORIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

FLORIST

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215206

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. LAWRENCE E. PAWL

Mailing Address 515 MICHIGAN STREET N. E.  
SUITE 301

City

GRAND RAPIDS

State

MI

Zip Code

49503-5721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244386

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 750 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MS. HELEN B. PAYNE

Mailing Address 5131 SANDYFIELDS LN

City	State	Zip Code
KATY	TX	77494-2330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	1		2	0	9	

Transaction ID: SA11.13227163

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MS. HELEN B. PAYNE

Mailing Address 5131 SANDYFIELDS LN

City	State	Zip Code
KATY	TX	77494-2330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	1		2	0	9	

Transaction ID: SA11.13227164

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. RANDY PAYNE

Mailing Address 445 JANAN CT

City	State	Zip Code
CONWAY	AR	72034-5606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHWESTERN ENERGYOccupation  
GAS & OIL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	9	

Transaction ID: SA11.13217254

Amount of Each Receipt this Period

125.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

175.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 751 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BRADLEY PEARCE

Mailing Address 4303 TRANQUILLITY DR

City

CHARLOTTE

State

NC

Zip Code

28216-7763

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KETTEM & ROSAMAN

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246974

Amount of Each Receipt this Period

460.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL F. PEARSON

Mailing Address 400 MADISON ST APT 2109

City

ALEXANDRIA

State

VA

Zip Code

22314-1735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CYPRES INTERNATIONAL

Occupation  
MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227236

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ROSEMARIE S. PEASE

Mailing Address 1482 RIDGEWOOD ROAD

City

PLEASANTON

State

CA

Zip Code

94566-6056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
W H MAYER

Occupation  
TAX ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220040

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

810.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 752 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SUSAN R. PEASE

Mailing Address 82 RIDGEWOOD DR

City

LINN VALLEY

State

KS

Zip Code

66040-5410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206355

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DANIEL J. PECK

Mailing Address 420 CARRIAGE AVE

City

JEFFERSON

State

GA

Zip Code

30549-7438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13243674

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. FRANCIS S. PECORARO

Mailing Address 3787 SHIPYARD BLVD

City

WILMINGTON

State

NC

Zip Code

28403-6148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217611

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

810.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 753 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MISS THERESA J. PELAI

Mailing Address 2309 KENNWYNN RD

City

WILMINGTON

State

DE

Zip Code

19810-2725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227367

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. IONE PENCE

Mailing Address 8103 DONNA LN

City

EDWARDSVILLE

State

IL

Zip Code

62025-6239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206330

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JACKSON R. PENCE

Mailing Address 2892 STONE MILL CT

City

DAYTON

State

OH

Zip Code

45434-6277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238181

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

390.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 754 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. PENNISTEN

Mailing Address 135 WILLOW ST  
APT 711

City State Zip Code  
BROOKLYN NY 11201-2215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NY CITY DEPT OF FINANCE

Occupation  
COMPUTER SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13242906

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. KENNETH PEREGO

Mailing Address 301 4TH ST  
SUITE 30133

City State Zip Code  
ALEXANDRIA LA 71301-8423

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206283

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LT. COL. RICHARD L. PEREZ

Mailing Address 2957 KALAKAUA AVENUE  
APARTMENT 108

City State Zip Code  
HONOLULU HI 96815-4641

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13206796

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

570.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 755 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES J. PERGOLIZZI

Mailing Address 6500 JERICHO TURNPIKE  
STE. 209

City State Zip Code  
COMMACK NY 11725-2907

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PERGOLIZZI & ASSOC. LLC

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217626

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN A. PERRA

Mailing Address 898 LARSON DRIVE

City State Zip Code  
ZUMBROTA MN 55992-1158

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244706

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ADDIE M. PERRY

Mailing Address 865 OLD DALTON ROAD NE

City State Zip Code  
ROME GA 30165-9096

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219310

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 756 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ADDIE M. PERRY

Mailing Address 865 OLD DALTON ROAD NE

City

ROME

State

GA

Zip Code

30165-9096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13229152

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ADDIE M. PERRY

Mailing Address 865 OLD DALTON ROAD NE

City

ROME

State

GA

Zip Code

30165-9096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231178

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIS E. PERRY

Mailing Address 10545 RIDGEWATER DR

City

PAINESVILLE

State

OH

Zip Code

44077-5901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JED INDUSTRIES, INC.

Occupation  
VICE PRESIDENT OF SALES AND EN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13232580

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 757 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. BERNICE PESCOLIDLO

Mailing Address 3491 CREEKVIEW DR

City

BONITA SPRINGS

State

FL

Zip Code

34134-2626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243042

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. MARC PETEIN

Mailing Address 13634 N 93RD AVE  
300

City

PEORIA

State

AZ

Zip Code

85381-4914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDIAC CARE CONSULTANTS,  
LLC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216460

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLEY W. PETERSON

Mailing Address P.O. BOX 305

City

ATKINSON

State

NE

Zip Code

68713-0305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13247006

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 758 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CODIE C. PETERS

Mailing Address 2390 AUBURN HILL FARM

City

CHARLOTTESVILLE

State

VA

Zip Code

22902-7323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INVESTMENT ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13213055

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. HELEN L. PETERSON

Mailing Address 509 MISSOURI ST.

City

SAN FRANCISCO

State

CA

Zip Code

94107-2836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245741

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAY L. PETERS

Mailing Address 3811 DARWIN ROAD

City

DURHAM

State

NC

Zip Code

27707-5307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
D.T.C.C.

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226126

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

355.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 759 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PHILIP S. PETERSON

Mailing Address 11193 NE 18TH CT.

City

MIAMI

State

FL

Zip Code

33161

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227353

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CLOVIS L. PETRIN, JR.

Mailing Address 1983 WHISPERING OAK DRIVE

City

KETTERING

State

OH

Zip Code

45440-2412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246365

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID A. PETTIT

Mailing Address 379 FYNN VALLEY DRIVE

City

LAS VEGAS

State

NV

Zip Code

89148-4454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHWEST SURVEILLANCE SY-  
STEMS

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13238675

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 760 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HENRY A. PEVEAR, JR.

Mailing Address 17421 E VIA DEL ORO

City

FOUNTAIN HLS

State

AZ

Zip Code

85268-8523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13231856

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. RICHARD R. PEYTON

Mailing Address 1411 W BADDOUR PKWY

City

LEBANON

State

TN

Zip Code

37087-2513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHEAST CANCER NETWORK

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216658

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ERIC S. PHELPS

Mailing Address 50 ALDERVIEW DR

City

PORT ANGELES

State

WA

Zip Code

98362-7124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207805

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

545.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 761 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DEAN J. PHILLIPS

Mailing Address 1571 WASHINGTON ST  
SUITE 101

City State Zip Code  
WATERTOWN NY 13601-9304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207135

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR DONALD M. PHILLIPS

Mailing Address 1356 S LAKE PARK AVE

City State Zip Code  
HOBART IN 46342-5964

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217547

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DOUGLAS PHILLIPS

Mailing Address 119 INVERNESS DR

City State Zip Code  
BLUFFTON SC 29910-4976

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13213504

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 762 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES G. PHILLIPS

Mailing Address 1777 KINGWOOD AVENUE

City

COOS BAY

State

OR

Zip Code

97420-2030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13234405

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES W. PHILLIPS

Mailing Address 6122 WHITE ROSE TRL

City

DALLAS

State

TX

Zip Code

75248-4936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205505

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES W. PHILLIPS

Mailing Address 6122 WHITE ROSE TRL

City

DALLAS

State

TX

Zip Code

75248-4936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13232811

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 763 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES W. PHILLIPS

Mailing Address 6122 WHITE ROSE TRL

City

DALLAS

State

TX

Zip Code

75248-4936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240842

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. NORMA PHIPPS

Mailing Address 5114 COLONIAL COURT

City

PASADENA

State

TX

Zip Code

77505-2828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208603

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. NORMA PHIPPS

Mailing Address 5114 COLONIAL COURT

City

PASADENA

State

TX

Zip Code

77505-2828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 9

Transaction ID: SA11.13226677

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 764 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN N. PICHON, JR.

Mailing Address 2206 TURNBERRY LN

City

FORT WAYNE

State

IN

Zip Code

46814-9353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EXTECH PLASTICS INC.

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245444

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ELISE PICKERING

Mailing Address 2504 VALLEY DRIVE

City

ALEXANDRIA

State

VA

Zip Code

22302-2841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEHLMAN VOGEL CASTAGNETTI

Occupation  
GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13213503

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LOREN K. PIEPER

Mailing Address 6444 MERCER ST

City

HOUSTON

State

TX

Zip Code

77005-3734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CB. AND I.

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246975

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 765 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FREDERICK PIERCE

Mailing Address 17 HAWTHORNE WAY

City

HARTSDALE

State

NY

Zip Code

10530-3004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226096

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRED PIERDOLLA, JR.

Mailing Address P.O. BOX 10

City

LA VERNIA

State

TX

Zip Code

78121-0010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CENTRAL TEXAS CATTLE CO.  
INC

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240763

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR PETERSON PIERRE

Mailing Address 325 ROLLING OAKS DR  
SUITE 130

City

THOUSAND OAKS

State

CA

Zip Code

91361-1286

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217233

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

670.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 766 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KENT D. PIETSCH

Mailing Address P.O. BOX 356

City

BURLINGTON

State

ND

Zip Code

58722-0356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHWEST AIRLINES

Occupation  
PILOT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245916

Amount of Each Receipt this Period

450.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. RUTH E. PIFER

Mailing Address 1001 PARKVIEW BLVD.  
APARTMENT 322

City

COLUMBUS

State

OH

Zip Code

43219-2273

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207073

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT PIGG

Mailing Address 22207 MOULIN DRIVE

City

BRIARCLIFF

State

TX

Zip Code

78669-2328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220566

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 767 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. CHARLES G. PIGGOTT

Mailing Address 4381 S EASON BLVD  
# 202

City State Zip Code  
TUPELO MS 38801-6585

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217382

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JOHN PIKER

Mailing Address 1388 NORMANDY DR

City State Zip Code  
BATON ROUGE LA 70806-7641

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207039

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ALLEN L. PILES

Mailing Address 401 HILL TRL

City State Zip Code  
BALLWIN MO 63011-2611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13221620

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 768 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DICK PINER

Mailing Address 4401 PATTERSON DRIVE

City

NEW ORLEANS

State

LA

Zip Code

70131-1917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	9

Transaction ID: SA11.13243325

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

FRANK PINTOZZI

Mailing Address 6041 TURNER HILL ROAD

City

WOODSTOCK

State

GA

Zip Code

30188-1921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PUBLISHER

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: SA11.13231739

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

FRANK PINTOZZI

Mailing Address 6041 TURNER HILL ROAD

City

WOODSTOCK

State

GA

Zip Code

30188-1921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PUBLISHER

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: SA11.13231740

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 769 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
FRANK PINTOZZI

Mailing Address 6041 TURNER HILL ROAD

City State Zip Code  
WOODSTOCK GA 30188-1921

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AMERICAN

Occupation  
PUBLISHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13231741

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. JOHN PIOTROWICZ

Mailing Address 7251 E. 400 S.

City State Zip Code  
WALKERTON IN 46574-9440

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222953

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
JOSEPH A. PISCOPO

Mailing Address 18 NATOMA DR

City State Zip Code  
OAK BROOK IL 60523-7713

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225770

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 770 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH A. PISCOPO

Mailing Address 18 NATOMA DR

City

OAK BROOK

State

IL

Zip Code

60523-7713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13244015

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM A. PITT, M.D.

Mailing Address 6386 ALVARADO CT  
STE 101

City

SAN DIEGO

State

CA

Zip Code

92120-4906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHERN CALIFORNIA CARDI-  
OLOGY MEDICAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13225105

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM PITTERLE

Mailing Address 404 N WHITETAIL DR

City

PAYSON

State

AZ

Zip Code

85541-3559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13231828

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

470.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 771 / 1281

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. PATRICIA R. PITTMAN

Mailing Address 1111 SAINT ANDREW STREET

City

TARBORO

State

NC

Zip Code

27886-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HERITAGE HOME HEALTH CARE

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206308

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARTHA PITTS

Mailing Address 311 RIVER ROAD

City

GRANDVIEW

State

NY

Zip Code

10960-5003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229502

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ANN M. PLANK

Mailing Address 11 W 11TH AVE

City

SHAMOKIN DAM

State

PA

Zip Code

17876-9217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216437

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

560.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 772 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. SHEELA B. PLATER**

Mailing Address **425 EASY STREET**

City State Zip Code  
**THIBODAUX LA 70301-3715**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**12 / 30 / 2009**

Transaction ID: SA11.13245015

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. TONI PLATT**

Mailing Address **PO BOX 428**

City State Zip Code  
**SEALY TX 77474-0428**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**NONE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**260.00**

Date of Receipt

**12 / 15 / 2009**

Transaction ID: SA11.13216736

Amount of Each Receipt this Period

**160.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MS. ISABEL S. PLAVIDAL**

Mailing Address **8 W. MAIN STREET  
 APARTMENT 213**

City State Zip Code  
**GROTON MA 01450-1635**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**360.00**

Date of Receipt

**12 / 15 / 2009**

Transaction ID: SA11.13217412

Amount of Each Receipt this Period

**310.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**570.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 773 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 MR. JOHN PLOTH

Mailing Address **722 WALNUT ST.**  
**APARTMENT 306**

City State Zip Code  
**KANSAS CITY MO 64106-1613**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 REHABILITATION SERVICES

Occupation  
 VENDING FACILITY MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**673.00**

Date of Receipt

**12 / 01 / 2009**

Transaction ID: SA11.13205569

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
 MR. JOHN PLOTH

Mailing Address **722 WALNUT ST.**  
**APARTMENT 306**

City State Zip Code  
**KANSAS CITY MO 64106-1613**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 REHABILITATION SERVICES

Occupation  
 VENDING FACILITY MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**673.00**

Date of Receipt

**12 / 09 / 2009**

Transaction ID: SA11.13213057

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 MR. JOHN PLOTH

Mailing Address **722 WALNUT ST.**  
**APARTMENT 306**

City State Zip Code  
**KANSAS CITY MO 64106-1613**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 REHABILITATION SERVICES

Occupation  
 VENDING FACILITY MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**673.00**

Date of Receipt

**12 / 15 / 2009**

Transaction ID: SA11.13222153

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**85.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 774 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. POINDEXTER

Mailing Address 1510 PIONEER DR

City

MELBOURNE

State

FL

Zip Code

32940-6736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235229

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. AVA K. POLANSKY-BAK

Mailing Address 330 DOGWOOD LN

City

MANHASSET

State

NY

Zip Code

11030-2039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ADAMBA IMPORTS

Occupation  
SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222495

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. AVA K. POLANSKY-BAK

Mailing Address 330 DOGWOOD LN

City

MANHASSET

State

NY

Zip Code

11030-2039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ADAMBA IMPORTS

Occupation  
SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222947

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 775 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JAMES POLLARD

Mailing Address 101 E BRUNSON ST  
SUITE 310

City State Zip Code  
 ENTERPRISE AL 36330-2500

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207037

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RAY L. POLLOCK

Mailing Address 1315 GREEN TREE LN

City State Zip Code  
 DUNCANVILLE TX 75137-2931

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205502

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. GLENN N. POMERANCE

Mailing Address 2030 HAMILTON PLACE BLVD  
# 140

City State Zip Code  
 CHATTANOOGA TN 37421-6039

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
POMERANCE EYE CENTER, PC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216623

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 776 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES POMPE

Mailing Address RR 1

BOX 302

City

OQUAWKA

State

IL

Zip Code

61469-9504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202939

Amount of Each Receipt this Period

109.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. PENTA POOL

Mailing Address 110 SEA MIST DR

City

ARANSAS PASS

State

TX

Zip Code

78336-5801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229457

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID G. POPE

Mailing Address P.O. BOX 8823

City

HORSESHOE BAY

State

TX

Zip Code

78657-8823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228498

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

369.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 777 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES E. POPEJOY, SR.

Mailing Address 1328 S. HIGHWAY 65

City

EUDORA

State

AR

Zip Code

71640-9305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FISH GROWER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210845

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANK B. PORTER

Mailing Address 28715 CAPANO BAY

City

MENIFEE

State

CA

Zip Code

92584-9385

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240285

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SCOTT PORTER

Mailing Address 203 STRATTON WAY

City

DECATUR

State

IN

Zip Code

46733-1717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THUNDERBIRD PRODUCTS

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13232178

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

780.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 778 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SCOTT PORTER

Mailing Address 203 STRATTON WAY

City

DECATUR

State

IN

Zip Code

46733-1717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THUNDERBIRD PRODUCTS

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13247409

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JEAN POSNER

Mailing Address 6 CRADDOCKS LN

City

OWINGS MILLS

State

MD

Zip Code

21117-4502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216785

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. KATHLEEN POTTERFIELD

Mailing Address 31 WINDEMERE AVE

City

STATEN ISLAND

State

NY

Zip Code

10306-2016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13227160

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 779 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. POTTER

Mailing Address 2028 KINGS CROSS LN

City

CORDOVA

State

TN

Zip Code

38016-5175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
AUTHOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13227181

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. POTTER

Mailing Address 2028 KINGS CROSS LN

City

CORDOVA

State

TN

Zip Code

38016-5175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
AUTHOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13247083

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. POTTER

Mailing Address 2028 KINGS CROSS LN

City

CORDOVA

State

TN

Zip Code

38016-5175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
AUTHOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13247351

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 780 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT G. POTTER

Mailing Address 8 MUIRFIELD LN.

City

SAINT LOUIS

State

MO

Zip Code

63141-7355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13217912

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT H. POTTS

Mailing Address 150 MOORINGS PARK DR # K207

City

NAPLES

State

FL

Zip Code

34105-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217719

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. NORMAN J. POULOS

Mailing Address 2700 HILLCREST DR  
UNIT J

City

LA VERNE

State

CA

Zip Code

91750-4366

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13212801

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

760.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 781 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. NORMAN J. POULOS**

Mailing Address **2700 HILLCREST DR  
UNIT J**

City State Zip Code  
**LA VERNE CA 91750-4366**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**370.00**

Date of Receipt

**12 / 28 / 2009**

**Transaction ID: SA11.13241448**

Amount of Each Receipt this Period

**60.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. RAYMOND C. POULSON**

Mailing Address **1959 S MARTINSON ST**

City State Zip Code  
**WICHITA KS 67213-3545**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**365.00**

Date of Receipt

**12 / 31 / 2009**

**Transaction ID: SA11.13245445**

Amount of Each Receipt this Period

**165.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**DR. DAVID POUND**

Mailing Address **4226 MANNING ROAD**

City State Zip Code  
**INDIANAPOLIS IN 46228-2723**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INDIANAPOLIS GASTROENTERO-  
LOGY**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**450.00**

Date of Receipt

**12 / 21 / 2009**

**Transaction ID: SA11.13230720**

Amount of Each Receipt this Period

**200.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**425.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 782 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MISS CHRISTY POWELL

Mailing Address 80 LEUCADENDRA DRIVE

City

CORAL GABLES

State

FL

Zip Code

33156-2326

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	9	

Transaction ID: SA11.13241265

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ELAINE W. POWELL

Mailing Address 104 MORTON DRIVE

City

FAYETTEVILLE

State

TN

Zip Code

37334-7048

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	9	

Transaction ID: SA11.13228530

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SANFORD POWELL

Mailing Address 1856 MERRYHILL RANCH RD

City

SENATOBIA

State

MS

Zip Code

38668-6494

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	9	

Transaction ID: SA11.13208854

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

335.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 783 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ALLISON POWERS

Mailing Address 6336 CANTERBURY DRIVE

City

HUDSON

State

OH

Zip Code

44236-3488

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242530

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. DOROTHY PRATT

Mailing Address 150 LAKE GLEN DRIVE

City

CARSON CITY

State

NV

Zip Code

89703-5132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228534

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARY E. PREDEL

Mailing Address 59 GARNSEY ROAD

City

REXFORD

State

NY

Zip Code

12148-1205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215905

Amount of Each Receipt this Period

525.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

685.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 784 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. DWIGHT E. PRICE**

Mailing Address **611 COTTONWOOD DRIVE**

City State Zip Code  
**NASHVILLE TN 37214-3217**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NATIONAL ELECTRIC SERVICE**

Occupation  
**ENGINEER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**469.00**

Date of Receipt

**12 / 24 / 2009**

**Transaction ID: SA11.13237353**

Amount of Each Receipt this Period

**160.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**G. B. PRICE, JR.**

Mailing Address **4970 TAIT RD**

City State Zip Code  
**DAYTON OH 45429-1140**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**525.00**

Date of Receipt

**12 / 14 / 2009**

**Transaction ID: SA11.13218709**

Amount of Each Receipt this Period

**250.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. MARTHA PRICE**

Mailing Address **2123 S PARTON ST**

City State Zip Code  
**SANTA ANA CA 92707-2622**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PACIFIC COAST COMMERCIAL**

Occupation  
**RECEPTIONIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**360.00**

Date of Receipt

**12 / 15 / 2009**

**Transaction ID: SA11.13216475**

Amount of Each Receipt this Period

**110.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**520.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 785 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. OLIVER W. PRICE

Mailing Address 13634 PYRAMID DR

City

DALLAS

State

TX

Zip Code

75234-4836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205571

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. OLIVER W. PRICE

Mailing Address 13634 PYRAMID DR

City

DALLAS

State

TX

Zip Code

75234-4836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239001

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TOBY PRICE

Mailing Address 1703 TEA PL

City

DAVIS

State

CA

Zip Code

95618-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

317.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224273

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 786 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILL PRICE

Mailing Address 2634 LOWELL CIRCLE

City

MELBOURNE

State

FL

Zip Code

32935-2217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 9

Transaction ID: SA11.13208159

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILL PRICE

Mailing Address 2634 LOWELL CIRCLE

City

MELBOURNE

State

FL

Zip Code

32935-2217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245053

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM M. PRICE

Mailing Address 1400 W PARK ST STE D111

City

URBANA

State

IL

Zip Code

61801-2334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PROVENA MEDICAL GROUP

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214160

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 787 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
DR. MIGUEL P. PRIETTO

Mailing Address 280 S MAIN ST  
SUITE 200

City State Zip Code  
ORANGE CA 92868-3852

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223594

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
DR. SCOTT J. PRIMACK

Mailing Address 8200 E BELLEVIEW AVE  
STE 380

City State Zip Code  
DENVER CO 80111-2826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245327

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. ANTHONY J. PRINCIOTTA

Mailing Address 34300 LANTERN BAY DR UNIT 3

City State Zip Code  
DANA POINT CA 92629-2858

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13247029

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

810.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 788 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. HELEN E. PROVINCE

Mailing Address 312 HILLCREST RD APT 310

City

DUBUQUE

State

IA

Zip Code

52001-3958

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13208148

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES S. PRYOR

Mailing Address 253 COLLEGE AVE.  
APT 1

City

CHAMBERSBURG

State

PA

Zip Code

17201-1299

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235660

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM PULVER

Mailing Address 111 YORKSHIRE RD

City

ROCHESTER

State

NY

Zip Code

14609-4441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ARCHITECT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238025

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 789 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ANDREW PURCELL

Mailing Address 1339 MUESSING RD.

City

INDIANAPOLIS

State

IN

Zip Code

46239-9134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OMPOINT CONSULING

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236319

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ELEANOR M. PURCELL

Mailing Address 609 FAWNDALE LN.

City

SAN ANTONIO

State

TX

Zip Code

78239-2528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13212633

Amount of Each Receipt this Period

41.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. EILEEN PURDY

Mailing Address P.O. BOX 97

City

RUNNING SPRINGS

State

CA

Zip Code

92382-0097

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13238591

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

311.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 790 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. ROGER H. PURRINGTON**

Mailing Address **53 RILEY ROAD**

City State Zip Code  
**FAYETTE ME 04349-3532**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INDEPENDENT CONTRACTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 23 / 2009**

Transaction ID: SA11.13234970

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. MICHAEL F. PURVIS**

Mailing Address **P.O. BOX 6140**

City State Zip Code  
**NAPA CA 94581-1140**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**12 / 08 / 2009**

Transaction ID: SA11.13212222

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DR. SAMUEL G. PUTNAM**

Mailing Address **1012 WALSH LN.**

City State Zip Code  
**NARBERTH PA 19072-1134**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FORNANCE PHYSICIAN SERVICES**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**750.00**

Date of Receipt

**12 / 07 / 2009**

Transaction ID: SA11.13210512

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**750.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 791 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DR. ROMEO S. PUZON**

Mailing Address **15005 PACIFIC AVE S**

City State Zip Code  
**TACOMA WA 98444-4658**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GENERAL MEDICAL CLINIC**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**12 / 18 / 2009**

Transaction ID: SA11.13225046

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. MARGARET L. QUADE**

Mailing Address **217 TILDEN STREET**

City State Zip Code  
**KINGSLEY IA 51028-5033**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**12 / 07 / 2009**

Transaction ID: SA11.13211045

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. MARVIN M. QUAID**

Mailing Address **15 PINEHILL WAY**

City State Zip Code  
**MONTEREY CA 93940-4107**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**12 / 18 / 2009**

Transaction ID: SA11.13228650

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**225.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 792 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT QUALLS

Mailing Address 327 CLEARWATER DRIVE

City

PONTE VEDRA BEACH

State

FL

Zip Code

32082-4173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	9

Transaction ID: SA11.13226625

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. VIRGINIA L. QUINN

Mailing Address 144 BRUSH HOLLOW CRESCENT

City

RYE BROOK

State

NY

Zip Code

10573-1626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11.13246260

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KJELL H. QVALE

Mailing Address 901 VAN NESS AVENUE

City

SAN FRANCISCO

State

CA

Zip Code

94109-6911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRITISH MOTOR CAR DIST.  
LTDOccupation  
CHAIRMAN OF THE BOARD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	9

Transaction ID: SA11.13219591

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

555.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 793 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. RACKLEY

Mailing Address 58 NEAL HOLLOW LANE

City

ELMWOOD

State

TN

Zip Code

38560-4152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216957

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN E. RAE, SR.

Mailing Address P.O. BOX 935

City

HAMMOND

State

LA

Zip Code

70404-0935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208773

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JERRY RAGER

Mailing Address 651 W COLLINS DR.

City

CASPER

State

WY

Zip Code

82601-2325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DOWAL JOHNSON AUTO REPAIR  
INC.

Occupation  
PRESIDENT/OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13243748

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 794 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. NORMA RAGLE

Mailing Address 2067 L G RUSSELL RD

City

BAKER

State

FL

Zip Code

32531-7455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238273

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. B MANRIN RAINS, III

Mailing Address 8090 WALNUT RUN ROAD

City

MEMPHIS

State

TN

Zip Code

38018-6362

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MID-SOUTH ENT

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208625

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CLAIRE RAINS

Mailing Address 420 41ST AVENUE

City

SAN FRANCISCO

State

CA

Zip Code

94121-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218358

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 795 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CLAIRE RAINS

Mailing Address 420 41ST AVENUE

City

SAN FRANCISCO

State

CA

Zip Code

94121-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231389

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE H. RAMHARTER

Mailing Address 597 SHOREHAVEN DRIVE

City

KISSIMMEE

State

FL

Zip Code

34759-3262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209781

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. RACHEL RAMPY

Mailing Address 7466 W. FM 979

City

CALVERT

State

TX

Zip Code

77837-8237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235237

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 796 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEWART M. RAMSAY

Mailing Address 973 HAWTHORNE DR

City

WALNUT CREEK

State

CA

Zip Code

94596-6137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USM GROUP

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13209382

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BOB RAMSBOTTOM

Mailing Address 15510 N STATE ROAD 66

City

CANNELTON

State

IN

Zip Code

47520-5069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13231848

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LARRY A. RAMSEY

Mailing Address 94 CROSSTREE DR

City

HILTON HEAD

State

SC

Zip Code

29926-5214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROBINSON GRANT CO

Occupation

C.P.A.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207019

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 797 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM RANKIN

Mailing Address 140 COLONIAL WAY

City

DANVILLE

State

KY

Zip Code

40422-1798

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMMONWEALTH UROLOGY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216958

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CRAIG RAPP

Mailing Address 7832 BUCKSKIN DR.

City

INDIANAPOLIS

State

IN

Zip Code

46250-1871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CRAIG W. RAPP ASSOCIATES,  
L.L.C.

Occupation

ARCHITECT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238275

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ANTHONY C. RAPPOLD

Mailing Address 10904 S SAINT LOUIS AVE

City

CHICAGO

State

IL

Zip Code

60655-3320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DISTRICT 228

Occupation

TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236278

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

285.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 798 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DON G. RATHGEBER

Mailing Address 31530 MYRNA ST

City

LIVONIA

State

MI

Zip Code

48154-3132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239426

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DON G. RATHGEBER

Mailing Address 31530 MYRNA ST

City

LIVONIA

State

MI

Zip Code

48154-3132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241121

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GLENN RAUH

Mailing Address 841 WOODMONT DR

City

MARIETTA

State

GA

Zip Code

30062-3810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227654

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 799 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GLENN RAUH

Mailing Address 841 WOODMONT DR

City

MARIETTA

State

GA

Zip Code

30062-3810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228818

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH RAYKIEWICZ

Mailing Address 70396 FUCHSIA ST

City

ABITA SPRINGS

State

LA

Zip Code

70420-3308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13247561

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOHN D. REDDEN

Mailing Address 1917 FORTSIDE CIR

City

FT MITCHELL

State

KY

Zip Code

41011-1846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207017

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

720.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 800 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ROALENE J. REDLAND

Mailing Address 170030 LAKESIDE HILLS PLAZA  
STE 202

City State Zip Code  
OMAHA NE 68130-4663

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13225050

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARILYN REECE

Mailing Address 1720 BUCKTHORN CT.

City State Zip Code  
MINDEN NV 89423-4127

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13227220

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DAVID REED

Mailing Address 16259 SYLVESTER RD SW  
SUITE 303

City State Zip Code  
BURIEN WA 98166-3059

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FRANKEL REED & EVANS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202933

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 801 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. E K REED

Mailing Address 7510 BENBROOK PKWY

City

FORT WORTH

State

TX

Zip Code

76126-2112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217564

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LINDA REED

Mailing Address 290 HILLSBORO VIOLA RD

City

HILLSBORO

State

TN

Zip Code

37342-3149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13208236

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL C. REED

Mailing Address 3026 W. HOUSTON RIVER ROAD

City

SULPHUR

State

LA

Zip Code

70663-0531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13212256

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

585.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 802 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RUSSELL C. REED

Mailing Address 513 HIGHLAND PARK DRIVE

City

ELYRIA

State

OH

Zip Code

44035-8856

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: SA11.13227734

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. SHIRLEY REED

Mailing Address 3120 WALDEN LANE

City

WILMETTE

State

IL

Zip Code

60091-1140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Transaction ID: SA11.13241134

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SHIRLEY A. REED

Mailing Address 121 RAYHILL RD.

City

FAIRDALE

State

KY

Zip Code

40118-9022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216912

Amount of Each Receipt this Period

60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

190.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 803 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JUDY F. REES

Mailing Address P.O. BOX 1767

City

PILOT MTN

State

NC

Zip Code

27041-1767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUNLAND FIRE PROTECTION  
INC.

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235648

Amount of Each Receipt this Period

610.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LAURA S. REGER

Mailing Address 1823 S. HILL TOP DRIVE

City

COTTONWOOD

State

AZ

Zip Code

86326-5068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13234913

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALFRED R. REGO

Mailing Address 65 FRANKLIN ST

City

BRISTOL

State

RI

Zip Code

02809-1942

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REGO & REGO

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229512

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

835.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 804 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HON. DENNIS REHBERG

Mailing Address 4401 HWY 3

City

BILLINGS

State

MT

Zip Code

59106-9603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITED STATES CONGRESS

Occupation

REPUBLICAN REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13209389

Amount of Each Receipt this Period

650.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DONNA J. REHN

Mailing Address W361S2774 LISA LN

City

DOUSMAN

State

WI

Zip Code

53118-9659

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218798

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. J. DOUGLAS REICHARDT

Mailing Address 3001 WESTOWN PARKWAY

City

WEST DES MOINES

State

IA

Zip Code

50266-1328

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOLMES MURPHY

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13208368

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 805 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LEON REICH

Mailing Address 163 DOMINICAN DR

City

SAN RAFAEL

State

CA

Zip Code

94901-1339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243139

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JAMES K. REID

Mailing Address 4204 WHIPPOORWILL LN

City

PLANO

State

TX

Zip Code

75093-6051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240504

Amount of Each Receipt this Period

220.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. REID

Mailing Address 121 4TH STREET

City

DOWNERS GROVE

State

IL

Zip Code

60515-5221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PARVIN-CLAUSS SIGN COMPANY

Occupation

SIGN PAINTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13206990

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

420.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 806 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. REID

Mailing Address 121 4TH STREET

City

DOWNERS GROVE

State

IL

Zip Code

60515-5221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PARVIN-CLAUSS SIGN COMPANY

Occupation

SIGN PAINTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230264

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT T. REILLY

Mailing Address 4615 CARRIAGE RUN CIRCLE

City

MURRELLS INLT

State

SC

Zip Code

29576-5870

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245805

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD E. REILY

Mailing Address 1700 COPELAND ST

City

LUFKIN

State

TX

Zip Code

75904-4819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CITIZENS STATE FINANCIAL  
CORP

Occupation

BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13206998

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

340.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 807 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ROBERT W. REINDOLLAR

Mailing Address 558 KITCHINGS DR

City

STATESVILLE

State

NC

Zip Code

28677-3588

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13226766

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. DOROTHY REISINGER

Mailing Address 904 SCARLET TRACE NE

City

KENNESAW

State

GA

Zip Code

30144-1781

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246002

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM F. RENFROW, JR.

Mailing Address 8910 HANA COURT

City

DIAMONDHEAD

State

MS

Zip Code

39525-3667

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13212892

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

305.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 808 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT RENNER

Mailing Address 727 S 100 W

City

HARTFORD CITY

State

IN

Zip Code

47348-8741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13220990

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LT. COL. PATRICK E. RESLEY

Mailing Address 7336 N. MOUNTAIN SHADOWS DRIVE

City

TUCSON

State

AZ

Zip Code

85718-1071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SERVICES CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205348

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARIE RETHWISCH

Mailing Address 3127 W GRACIOSA LANE

City

ANAHEIM

State

CA

Zip Code

92804-1708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209682

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 809 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARIE RETHWISCH

Mailing Address 3127 W GRACIOSA LANE

City

ANAHEIM

State

CA

Zip Code

92804-1708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227761

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. TERRY REYNOLDS

Mailing Address 1015 ARTHUR J MOORE DR

City

ST SIMONS ISLAND

State

GA

Zip Code

31522-2206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13296485

Amount of Each Receipt this Period

-500.00

CONTRIBUTION

CHARGED BACK

**C.**

Full Name (Last, First, Middle Initial)

MR. PHILLIPPE Y. REYNS

Mailing Address 26 N BULLMOOSE CIR

City

CHANDLER

State

AZ

Zip Code

85224-4121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215596

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

-170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 810 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CARL RHEINGANS

Mailing Address P.O. BOX 99

City

WINCHESTER

State

CA

Zip Code

92596-0099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214440

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DUSTY RHOADS

Mailing Address 1710 E HASTINGS AVE

City

COEUR D ALENE

State

ID

Zip Code

83814-5743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214616

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DUSTY RHOADS

Mailing Address 1710 E HASTINGS AVE

City

COEUR D ALENE

State

ID

Zip Code

83814-5743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222084

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 811 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. SUSAN B. RHODA**

Mailing Address **217 STOCKTON ST**

City State Zip Code  
**PRINCETON NJ 08540-4401**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**810.00**

Date of Receipt

**12 / 16 / 2009**

Transaction ID: SA11.13221010

Amount of Each Receipt this Period

**810.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. JOAN L. RHODES**

Mailing Address **1279 CANYON SIDE AVE**

City State Zip Code  
**SAN RAMON CA 94582-4560**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**EBS INC**

Occupation

**CORPORATE OFFICER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**12 / 28 / 2009**

Transaction ID: SA11.13247211

Amount of Each Receipt this Period

**125.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. NEIL G. RICCI**

Mailing Address **458 21ST PLACE**

City State Zip Code  
**SANTA MONICA CA 90402-3116**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**12 / 29 / 2009**

Transaction ID: SA11.13243135

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**1035.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JEAN RICE

Mailing Address 91 ASHBOURNE ROAD

City

COLUMBUS

State

OH

Zip Code

43209-1452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACTION FOR CHILDREN

Occupation

PARENTING INSTRUCTOR AND COACH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13247118

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LESLEY RICE

Mailing Address 15310 VIA MOLINERO

City

POWAY

State

CA

Zip Code

92064-2214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RICE RV, INC.

Occupation

CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13211540

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LESLEY RICE

Mailing Address 15310 VIA MOLINERO

City

POWAY

State

CA

Zip Code

92064-2214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RICE RV, INC.

Occupation

CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13247047

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 813 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LOREN C. RICE

Mailing Address 300 WESTLAKE DR.

City

AUSTIN

State

TX

Zip Code

78746-5306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOME MAKER

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13247526

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MELANIE RICE

Mailing Address 1518 KINGS CASTLE DR

City

KATY

State

TX

Zip Code

77450-4374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

645.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217068

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL D. RICE

Mailing Address 466 GLYN TAWEL DR

City

GRANVILLE

State

OH

Zip Code

43023-1528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE SHELLY COMPANY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CORPORATE COUNSEL

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13242780

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 814 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM B. RICE

Mailing Address 6910 HOPEFUL RD APT 2112

City

FLORENCE

State

KY

Zip Code

41042-7940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230078

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES C. RICELY

Mailing Address 7620 LHIRONDELLE CLUB RD

City

RUXTON

State

MD

Zip Code

21204-6420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RICELY AND SCHECHTER

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202889

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIS A. RICH

Mailing Address 5859 WILD FIG LN

City

FORT MYERS

State

FL

Zip Code

33919-3452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235116

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 815 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ALAN K. RICHARDS

Mailing Address 793 E BYPASS STE 110

City

RICHMOND

State

KY

Zip Code

40475

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MADISON PEDIATRIC ASSOC.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214156

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES D. RICHARDS

Mailing Address 6438 NOBLE DRIVE

City

MCLEAN

State

VA

Zip Code

22101-5263

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CORNERSTONE GOVERNMENT AF-  
FAIRS, LLC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2085.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229878

Amount of Each Receipt this Period

417.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MONTE F. RICHARDSON

Mailing Address 36 LAMBETH DR

City

ASHEVILLE

State

NC

Zip Code

28803-3431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222256

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

967.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT S. RICHARDSON

Mailing Address 2200 E. DORTHA AVENUE  
APARTMENT R.

City State Zip Code  
FLAGSTAFF AZ 86004-3664

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
USDA - FOREST SERVICE

Occupation  
FORESTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217052

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. T. ANDREW RIDDLE

Mailing Address 465 WATERFORD DRIVE

City State Zip Code  
CARTERSVILLE GA 30120-6457

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GEORGIA BONE & JOINT

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225948

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL D. RIED

Mailing Address 11 HARDING AVE

City State Zip Code  
LOCKPORT NY 14094-6020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208800

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 817 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. KATHRYN RIEDY

Mailing Address 1613 HUNTING RIDGE RD

City

RALEIGH

State

NC

Zip Code

27615-7028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217066

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWARD SCOTT RIGELL

Mailing Address 915 FIRST COLONIAL ROAD  
SUITE 100

City

VIRGINIA BEACH

State

VA

Zip Code

23454-3186

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FREEDOM AUTOMOTIVE

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13232235

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TOM RIGLER

Mailing Address 104 TWIN OAKS DRIVE

City

LOS GATOS

State

CA

Zip Code

95032-5650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208677

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 818 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. BARBARA J. RILEY

Mailing Address 2326 CORDOVA ST  
APT 6

City State Zip Code  
ANCHORAGE AK 99503-2126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNITED UTILITIES, INC.

Occupation  
PURCHASING AGENT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13247207

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ELIZABETH RILEY

Mailing Address 4 WESTBURY RD

City State Zip Code  
LUTHERVILLE TIMONI MD 21093-5536

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MERCY MEDICAL CENTER BALTIMORE

Occupation  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13227008

Amount of Each Receipt this Period

145.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN RILEY

Mailing Address P.O. BOX 156

City State Zip Code  
LINCOLN NH 03251-0156

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RESTAURANT

Occupation  
RESTAURANT OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224298

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

395.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 819 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MADONNA RINGSWALD

Mailing Address 3600 ALEXANDER DR

City

LA GRANGE

State

KY

Zip Code

40031-9069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DR MADONNA RINGSWALD

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233443

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LAWRENCE RIPA K

Mailing Address 5 TAMMI COURT

City

KINGS PARK

State

NY

Zip Code

11754-5034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LAWRENCE RIPA K CO. INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13213618

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT RIPLEY

Mailing Address 27163 PALOMARES RD

City

CASTRO VALLEY

State

CA

Zip Code

94552-9786

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219290

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

330.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT RIPLEY

Mailing Address 27163 PALOMARES RD

City

CASTRO VALLEY

State

CA

Zip Code

94552-9786

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240860

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JUNE C. RIPPY

Mailing Address 2100 SANTA FE  
APARTMENT 906

City

WICHITA FALLS

State

TX

Zip Code

76309-3461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13232942

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM L. RITCHIE

Mailing Address 5302 BROOKWAY DR

City

BETHESDA

State

MD

Zip Code

20816-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

2370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246978

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

365.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 821 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GARY ROBBINS

Mailing Address 2616 AIRPORT RD

City

ALTOONA

State

AL

Zip Code

35952-6902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: SA11.13210841

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN C. ROBBINS

Mailing Address 5300 ORANGE AVE  
STE 208

City

CYPRESS

State

CA

Zip Code

90630-2972

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROBBINS FINANCIAL & INSUR-  
ANCE

Occupation

INSURANCE SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: SA11.13228446

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN C. ROBBINS

Mailing Address 5300 ORANGE AVE  
STE 208

City

CYPRESS

State

CA

Zip Code

90630-2972

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROBBINS FINANCIAL & INSUR-  
ANCE

Occupation

INSURANCE SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	0	9

Transaction ID: SA11.13232205

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

335.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 822 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. BETTY MAY ROBERTSON**

Mailing Address **103 WILD PLUM CIRCLE**

City State Zip Code  
**GEORGETOWN TX 78633-4707**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**12 / 28 / 2009**

Transaction ID: SA11.13238705

Amount of Each Receipt this Period

**10.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. CELESTE ROBERTS**

Mailing Address **PO BOX 33922**

City State Zip Code  
**DECATUR GA 30033-0922**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LAUREL RIDGE ELEMENTARY,  
 DEKALB CO.**

Occupation  
**SPEECH PATHOLOGIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**269.00**

Date of Receipt

**12 / 15 / 2009**

Transaction ID: SA11.13216503

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. CRISTY ROBERTSON**

Mailing Address **922 NW 58TH ST**

City State Zip Code  
**SEATTLE WA 98107-2849**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MARYVILL SCHOOL**

Occupation  
**TEACHER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**245.00**

Date of Receipt

**12 / 15 / 2009**

Transaction ID: SA11.13217037

Amount of Each Receipt this Period

**85.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**145.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 823 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DON L. ROBERTSON

Mailing Address 1221 W COAST HWY APT 510

City

NEWPORT BEACH

State

CA

Zip Code

92663-5064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242510

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWARD B. ROBERTS

Mailing Address 308 N. RICHARDSON STREET

City

LATTA

State

SC

Zip Code

29565-1412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13237346

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JANE W. ROBERTS

Mailing Address P.O. BOX 151

City

FITZWILLIAM

State

NH

Zip Code

03447-0151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207807

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 824 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KENNETH N. ROBERTSON, SR.

Mailing Address 12 STILLFOREST ST

City

HOUSTON

State

TX

Zip Code

77024-7518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

995.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	9

Transaction ID: SA11.13205334

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARK L. ROBERT

Mailing Address 827 CAREW ST

City

SPRINGFIELD

State

MA

Zip Code

01104-2520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SISTERS OF PROVIDENCE HEA-  
LTH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

STOREROOM HELPER

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	9

Transaction ID: SA11.13211842

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARK L. ROBERT

Mailing Address 827 CAREW ST

City

SPRINGFIELD

State

MA

Zip Code

01104-2520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SISTERS OF PROVIDENCE HEA-  
LTH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

STOREROOM HELPER

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: SA11.13233436

Amount of Each Receipt this Period

15.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

180.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 825 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARK L. ROBERT

Mailing Address 827 CAREW ST

City

SPRINGFIELD

State

MA

Zip Code

01104-2520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SISTERS OF PROVIDENCE HEA-  
LTH

Occupation

STOREROOM HELPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13242770

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. RUTH ROBERTS

Mailing Address 5402 E. MCKELLIPS ROAD  
LOT 150

City

MESA

State

AZ

Zip Code

85215-2674

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246387

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. S. HARRY ROBERTSON

Mailing Address 5994 E ORANGE BLOSSOM LN

City

PHOENIX

State

AZ

Zip Code

85018-6733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13211856

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 826 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. R. PAUL ROBINSON

Mailing Address 2161 KINGSTON CT SE

City

MARIETTA

State

GA

Zip Code

30067-8901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13238588

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JACK ROCCO

Mailing Address 1509 9TH AVE

City

ALTOONA

State

PA

Zip Code

16602-2416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY ORTHOPEDIC CEN-  
TER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217424

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY A. ROCHIN

Mailing Address 6378 SAN ANSELMO WAY

City

SAN JOSE

State

CA

Zip Code

95119-1937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216796

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 827 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. ERNEST ROCKWELL**

Mailing Address **13031 BENTLEY STREET**

City State Zip Code  
**WATERFORD CA 95386-9451**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STANLAUS CO. OFFICE OF  
ED.**

Occupation  
**TEACHER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**204.00**

Date of Receipt

**12 / 07 / 2009**

Transaction ID: SA11.13210747

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. THOMAS L. ROCKWELL**

Mailing Address **31 CARDOGAN SQ**

City State Zip Code  
**ROCHESTER NY 14625-2912**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RMI**

Occupation  
**ENGINEER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**215.00**

Date of Receipt

**12 / 28 / 2009**

Transaction ID: SA11.13247224

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DR. ANGEL RODRIGUEZ**

Mailing Address **401 ALCORN DR # 1E**

City State Zip Code  
**CORINTH MS 38834-9071**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MAGNOLIA ANESTHESIA ASSOC-  
IATES**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 15 / 2009**

Transaction ID: SA11.13217280

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**435.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 828 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES ROESCH**

Mailing Address **981 MULLER ROAD**  
**981 MULLER**

City State Zip Code  
**MIDDLE BASS OH 43446-9999**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SELF-EMPLOYED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**12 / 28 / 2009**

**Transaction ID: SA11.13239149**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**DR. CHARLES M. ROGERS**

Mailing Address **11122 EAGLE VIEW DRIVE**

City State Zip Code  
**SANDY UT 84092-4958**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**12 / 28 / 2009**

**Transaction ID: SA11.13247282**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. EUGENE E. ROGERS**

Mailing Address **9105 HAMPSTEAD AVENUE**

City State Zip Code  
**LAS VEGAS NV 89145-8521**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 28 / 2009**

**Transaction ID: SA11.13239957**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**200.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 829 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MS. ROBERTA F. ROGERS

Mailing Address 14515 W. GRANITE VALLEY DRIVE  
APARTMENT E567

City State Zip Code  
SUN CITY WEST AZ 85375-6024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219965

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. ROBERT S. ROGERS

Mailing Address 1630 43RD AVENUE E.

City State Zip Code  
SEATTLE WA 98112-3210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243119

Amount of Each Receipt this Period

120.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. ROBERT S. ROHN

Mailing Address P.O. BOX 3772

City State Zip Code  
EASTON PA 18043-3772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241126

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

320.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 830 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EARL E. ROLAND

Mailing Address P.O. BOX 2879

City

SPRINGFIELD

State

IL

Zip Code

62708-2879

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13221431

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CARL ROMANOWSKI

Mailing Address 964 3RD AVE  
FL 2

City

NEW YORK

State

NY

Zip Code

10155-0298

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Transaction ID: SA11.13207119

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES E. ROMERO

Mailing Address 2009 WOODLAND LOOP SE

City

LACEY

State

WA

Zip Code

98503-2587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Transaction ID: SA11.13208926

Amount of Each Receipt this Period

155.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

555.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 831 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES E. ROMERO

Mailing Address 2009 WOODLAND LOOP SE

City

LACEY

State

WA

Zip Code

98503-2587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215848

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES W. ROOT

Mailing Address 14611 BROADGREEN DR

City

HOUSTON

State

TX

Zip Code

77079-6426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13237229

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. RUTH E. ROSCHKE

Mailing Address 2811 MEMPHIS AVE

City

NEDERLAND

State

TX

Zip Code

77627-6731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218143

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

385.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 832 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. RUTH E. ROSCHKE

Mailing Address 2811 MEMPHIS AVE

City

NEDERLAND

State

TX

Zip Code

77627-6731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236710

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. RUTH E. ROSCHKE

Mailing Address 2811 MEMPHIS AVE

City

NEDERLAND

State

TX

Zip Code

77627-6731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236940

Amount of Each Receipt this Period

115.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HOMER J. ROSE

Mailing Address 806 WELDON ST.

City

LATROBE

State

PA

Zip Code

15650-1609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228468

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 833 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHERIE ROSENQUIST

Mailing Address 18007 W. OCOTILLO AVENUE

City

GOODYEAR

State

AZ

Zip Code

85338-5072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HUMAN RESOURCES DIRECTOR

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217387

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY A. ROSEN

Mailing Address 1723 FOREST LN.

City

MC LEAN

State

VA

Zip Code

22101-3323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KIRKLAND & ELLIS LLP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ATTORNEY

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224574

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN ROSENSTEEL

Mailing Address 1101 HORSESHOE DRIVE

City

GREENSBORO

State

GA

Zip Code

30642-4842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228791

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 834 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARY LOU ROSENCRANZ

Mailing Address 186 JERRY BROWNE ROAD  
UNIT 1408

City State Zip Code  
MYSTIC CT 06355-4007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

763.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217651

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARY LOU ROSENCRANZ

Mailing Address 186 JERRY BROWNE ROAD  
UNIT 1408

City State Zip Code  
MYSTIC CT 06355-4007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

763.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245739

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM C. ROSENFELD

Mailing Address 295 MAPLE ST  
202

City State Zip Code  
TAWAS CITY MI 48763-9352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
GERIATRICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216959

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

705.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 835 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE ROSS

Mailing Address 12 PLYMOUTH ROAD

City

RYE

State

NY

Zip Code

10580-1925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JP MORGAN CHASE

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13221178

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ROBERT C. ROSSBERG

Mailing Address 1907 E WASHINGTON BLVD

City

LOS ANGELES

State

CA

Zip Code

90021-3206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229341

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. PETER ROSSI

Mailing Address 5307 MAIN ST  
# 102

City

NEW PORT RICHEY

State

FL

Zip Code

34652-2513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217232

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 836 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EUGENE A. ROTHKOPF

Mailing Address 438 PEPPERIDGE RD

City

HEWLETT

State

NY

Zip Code

11557-2739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	9

Transaction ID: SA11.13226357

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RONALD T. ROUNDTREE

Mailing Address 210 TRACE COLONY PARK DRIVE

City

RIDGELAND

State

MS

Zip Code

39157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Transaction ID: SA11.13231140

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRANCIS A. ROUSE

Mailing Address 5015 ALEXANDER DRIVE

City

CLARENCE

State

NY

Zip Code

14031-1638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: SA11.13233180

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

475.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 837 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KENNETH ROUSH

Mailing Address 17726 SE 82ND DR

City

CLACKAMAS

State

OR

Zip Code

97015-9573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217500

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. CAROL ROW

Mailing Address 1302 WOODVINE DRIVE

City

EULESS

State

TX

Zip Code

76040-6443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228788

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HOWELL H. ROW

Mailing Address 5445 HWY 46

City

MIMS

State

FL

Zip Code

32754-5418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13206769

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MR. BILLY ROWLAND

Mailing Address 419 BELLEVUE ST

City State Zip Code  
MARIETTA OH 45750-2702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
EXECUTIVE POSITION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207336

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MS. MURIEL ISOM ROWLAND

Mailing Address 147 DEL MESA CARMEL

City State Zip Code  
CARMEL CA 93923-7950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13232831

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. RAYMOND E. ROWLAND

Mailing Address 4253 SANCTUARY WAY

City State Zip Code  
BONITA SPRINGS FL 34134-8721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13234415

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT B. ROWLING

Mailing Address 600 E. LAS COLINAS BLVD E  
SUITE 1900

City State Zip Code  
IRVING TX 75039-5626

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TRI HOLDINGS, INC.

Occupation  
INVESTOR/ON BOARD OF DIRECTORS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13232223

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT B. ROWLING, JR.

Mailing Address 3832 BEVERLY DRIVE

City State Zip Code  
DALLAS TX 75205-2808

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TRT HOLDINGS

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13232227

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. TERRY H. ROWLING

Mailing Address 600 LAS COLINAS BOULEVARD  
SUITE 1900

City State Zip Code  
IRVING TX 75039-5647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13232225

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 840 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. TRAVIS BLAKE ROWLING

Mailing Address 4301 MCKINNEY  
UNITE F

City

DALLAS

State

TX

Zip Code

75205-4591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STUDENT

Occupation  
STUDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13232226

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. VIRGINIA L. ROWOLD

Mailing Address 211 RIDGE DR.

City

CHESTER

State

IL

Zip Code

62233-1820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEMORIAL HOSPITAL

Occupation  
ADM. ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220563

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. VIRGINIA L. ROWOLD

Mailing Address 211 RIDGE DR.

City

CHESTER

State

IL

Zip Code

62233-1820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEMORIAL HOSPITAL

Occupation  
ADM. ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233430

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 841 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM J. ROY JR

Mailing Address 6701 AIRPORT BLVD # B127

City

MOBILE

State

AL

Zip Code

36608-6700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13225076

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LAURA ROYAL

Mailing Address 129 VIA MARIPOSA

City

PALM BEACH GARDENS

State

FL

Zip Code

33418-6211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206414

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PETER ROYCE

Mailing Address 1050 N POINT STREET APT 608

City

SAN FRANCISCO

State

CA

Zip Code

94109-1063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PROPERTY MANAGEMENT

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246009

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

DR. XIULU RUAN

Mailing Address 2800 CHURCHBELL CT.

City

MOBILE

State

AL

Zip Code

36695-2528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHYSICIANS' PAIN SPECIAL-  
ISTS OF ALABA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13225085

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSH RUBIN

Mailing Address 6604 WESTPOINT DRIVE

City

HUDSON

State

OH

Zip Code

44236-1682

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE CTR GROUP, INC.

Occupation

GOVERNMENT RELATIONS CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13208367

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. KENNETH P. RUBIN

Mailing Address 420 GRAND AVE  
# 101

City

ENGLEWOOD

State

NJ

Zip Code

07631-4141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204851

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 843 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES A. RUBRIGHT

Mailing Address 504 THRASHER STREET

City

NORCROSS

State

GA

Zip Code

30071-1967

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROCK-TENN COMPANY

Occupation

CHAIRMAN AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208361

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. TRACY T. RUDOLPH

Mailing Address 735 MACEDONIA DRIVE

City

PUNTA GORDA

State

FL

Zip Code

33950-8021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233403

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES RUFFIN

Mailing Address 4718 FERNWOOD RD

City

COLUMBIA

State

SC

Zip Code

29206-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207882

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5525.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 844 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. MARY R. RUHLIN

Mailing Address 4000 ASTON GARDENS DR

City

VENICE

State

FL

Zip Code

34292-6623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13221221

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. RUMLEY

Mailing Address 12 LONG WAY

City

HOPEWELL

State

NJ

Zip Code

08525-9740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206323

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT F. RUSK

Mailing Address 221 BENT OAK ROAD

City

WEATHERFORD

State

TX

Zip Code

76086-2729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13232812

Amount of Each Receipt this Period

55.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

455.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 845 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHARLES A. RUSSELL

Mailing Address 6303 W DRANESVILLE DR

City

FREDERICKSBURG

State

VA

Zip Code

22407-9386

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245643

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN A. RUSSELL

Mailing Address 1452 KENTFIELD AVE

City

REDWOOD CITY

State

CA

Zip Code

94061-2702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CASHIN CD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

REALTOR

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13213634

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. LYMAN A. RUST

Mailing Address 20 CANDLEWYCK DRIVE

City

HENDERSON

State

NV

Zip Code

89052-6654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13232201

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

330.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 846 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARK D. RUTTER

Mailing Address 1718 PAGE RD

City

POWHATAN

State

VA

Zip Code

23139-7611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHILIP MORRIS USA

Occupation

MAINTENANCE TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236892

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ANNE M. RYAN

Mailing Address 5402 PENNOCK POINT RD

City

JUPITER

State

FL

Zip Code

33458-3448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

MUSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209594

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ANNE M. RYAN

Mailing Address 5402 PENNOCK POINT RD

City

JUPITER

State

FL

Zip Code

33458-3448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

MUSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217290

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

345.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 847 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. KIMBERLY S. RYAN

Mailing Address 1015 NE BRYANT CT.

City

LEES SUMMIT

State

MO

Zip Code

64086-3536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13227167

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. NANCY RYAN

Mailing Address 46 RIDGE RD

City

BARRINGTON

State

IL

Zip Code

60010-9614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210756

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ANTHONY SABATINO

Mailing Address 10740 CROOKED STICK LN

City

CARMEL

State

IN

Zip Code

46032-7913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13220940

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 848 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J. SADOWSKI

Mailing Address 7502 FARMINGDALE DRIVE  
APARTMENT 207

City State Zip Code  
DARIEN IL 60561-4773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214661

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J. SADOWSKI

Mailing Address 7502 FARMINGDALE DRIVE  
APARTMENT 207

City State Zip Code  
DARIEN IL 60561-4773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226309

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE E. SAFIOL

Mailing Address 64 JUNIPER ROAD

City State Zip Code  
WESTON MA 02493-1358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207517

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 849 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDWARD SAGGESE

Mailing Address 13 HOBBY FARM DR.

City

BEDFORD

State

NY

Zip Code

10506-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAGE FOOD SALES

Occupation  
REFUSED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13227017

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE J. SAKALDASIS

Mailing Address 1379 LYON COURT

City

LIVERMORE

State

CA

Zip Code

94551-1952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAWRENCE LIVERMORE NATION-  
AL LA

Occupation  
EXECUTIVE STAFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13238684

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GARY SALDANA

Mailing Address 1110 FRONT ST

City

RICHMOND

State

TX

Zip Code

77469-4512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207299

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 850 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MISS ALICE R. SALVADO

Mailing Address 14056 AURORA DRIVE

City

SAN LEANDRO

State

CA

Zip Code

94577-5405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208829

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRUCE A. SAMSON

Mailing Address 3203 BAYSHORE BLVD  
UNIT 602

City

TAMPA

State

FL

Zip Code

33629-1710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225378

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR EULOGIO J. SANCHEZ

Mailing Address 1607 RIVERVIEW LN

City

BRADENTON

State

FL

Zip Code

34209-1444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217602

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1540.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 851 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES R. SANDERS

Mailing Address 6745 STEAMBOAT WAY

City

SACRAMENTO

State

CA

Zip Code

95831-2417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205552

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES R. SANDERS

Mailing Address 6745 STEAMBOAT WAY

City

SACRAMENTO

State

CA

Zip Code

95831-2417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220175

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES R. SANDERS

Mailing Address 6745 STEAMBOAT WAY

City

SACRAMENTO

State

CA

Zip Code

95831-2417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240341

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 852 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. J. LARRY SANDERS

Mailing Address 1108 PROFESSIONAL BLVD.

City

DALTON

State

GA

Zip Code

30720-2588

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217417

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. KATHLEEN SANDERS

Mailing Address 24644 N 114TH ST

City

SCOTTSDALE

State

AZ

Zip Code

85255-5727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209625

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. KATHLEEN SANDERS

Mailing Address 24644 N 114TH ST

City

SCOTTSDALE

State

AZ

Zip Code

85255-5727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224186

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 853 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES SANDNER

Mailing Address 499 OTIS DR

City

RIPON

State

CA

Zip Code

95366-3337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US ARMY CORPS OF ENGINEERS

Occupation

CHIEF, CONSTRUCTION OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216474

Amount of Each Receipt this Period

115.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ISMENE SANFILIPPO

Mailing Address 9 PILGRIM RD

City

SHORT HILLS

State

NJ

Zip Code

07078-1446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214052

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE E. SANNER

Mailing Address 2501 HIDDEN HILLS DR

City

MARIETTA

State

GA

Zip Code

30066-5241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REGAL BANK & TRUST

Occupation

ELECTRICAL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209706

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

330.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 854 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
DR. ANTHONY SANTOMAUROMailing Address 4675 MAIN ST  
# 1

City	State	Zip Code
BRIDGEPORT	CT	06606-1813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	9

Transaction ID: SA11.13223614

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
DR. MARK SAPIENZA

Mailing Address 420 GRAND AVE

City	State	Zip Code
ENGLEWOOD	NJ	07631-4152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	9

Transaction ID: SA11.13204849

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. DEAN W. SARGENT

Mailing Address 804 RICHARD RD

City	State	Zip Code
CHERRY HILL	NJ	08034-1838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	9

Transaction ID: SA11.13219361

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

650.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 855 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARK S. SARGENT

Mailing Address 912 WESTVIEW DR

City

SPRINGFIELD

State

IL

Zip Code

62704-2164

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	9

Transaction ID: SA11.13242552

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR MICHAEL SARSON

Mailing Address 36 NIMS RD

City

KEENE

State

NH

Zip Code

03431-5500

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13217670

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. BRIAN H. SARTER

Mailing Address 1 CENTURIAN DR STE 200

City

NEWARK

State

DE

Zip Code

19713-2150

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: SA11.13220963

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

860.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 856 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ROSE SARTIN

Mailing Address 5341 BUCKHORN RD

City

ONTARIO

State

OR

Zip Code

97914-8267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13208114

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD R. SARVER

Mailing Address 1286 OLD GALLATIN RD

City

SCOTTSVILLE

State

KY

Zip Code

42164-7200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205492

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD R. SARVER

Mailing Address 1286 OLD GALLATIN RD

City

SCOTTSVILLE

State

KY

Zip Code

42164-7200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225581

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 857 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD R. SARVER

Mailing Address 1286 OLD GALLATIN RD

City

SCOTTSVILLE

State

KY

Zip Code

42164-7200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236643

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES B. SARVER

Mailing Address 317 AZALEA DR

City

CROWLEY

State

LA

Zip Code

70526-2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13231833

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. BENTON S. SATTERFIELD

Mailing Address 2801 BLUE RIDGE RD  
STE G50

City

RALEIGH

State

NC

Zip Code

27607-6490

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BENTON S. SATTERFIELD MD,  
PA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217318

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 858 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SHARON P. SAUNDERS

Mailing Address 44 MONTGOMERY ST SUITE 900

City

SAN FRANCISCO

State

CA

Zip Code

94104-4611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	9

Transaction ID: SA11.13244140

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LEWIS W. SAXBY

Mailing Address 5565 N CITATION RD

City

OTTAWA HILLS

State

OH

Zip Code

43615-2157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: SA11.13236975

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL J. SAXON

Mailing Address 514 BROOKSTONE COURT

City

COPLEY

State

OH

Zip Code

44321-1265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMTRUST NATL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Transaction ID: SA11.13208504

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

850.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 859 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**ROGER SAYLER**

Mailing Address **59 WHITE FALLS LN**

City State Zip Code  
**NEW CANAAN CT 06840-2038**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

**12 / 17 / 2009**

Transaction ID: SA11.13223907

Amount of Each Receipt this Period

**5000.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**HON. STEVE SCALISE**

Mailing Address **2900 CLEARVIEW PKWY**

City State Zip Code  
**METAIRIE LA 70006-6532**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**UNITED STATES CONGRESS**

Occupation  
**REPUBLICAN REPRESENTATIVE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**12 / 09 / 2009**

Transaction ID: SA11.13211543

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DR. PERRY J. SCALLAN**

Mailing Address **264 KIMSEY ST**

City State Zip Code  
**BLAIRSVILLE GA 30512-8527**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 04 / 2009**

Transaction ID: SA11.13207136

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**5800.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 860 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. W. RICHARD SCARLETT, III

Mailing Address P.O. BOX 12139

City

JACKSON

State

WY

Zip Code

83002-2139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JACKSON STATE BANK AND TR-  
UST

Occupation

PRESIDENT &amp; CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: SA11.13223922

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. W. RICHARD SCARLETT, III

Mailing Address P.O. BOX 12139

City

JACKSON

State

WY

Zip Code

83002-2139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JACKSON STATE BANK AND TR-  
UST

Occupation

PRESIDENT &amp; CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: SA11.13223923

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER K. SCHAEFER

Mailing Address 29405 AVOCADO LN

City

SAN JUAN CAPO

State

CA

Zip Code

92675-1148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Transaction ID: SA11.13240904

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1100.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 861 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. FRITZ SCHAEFER**

Mailing Address **691 DEER PARK RD**

City State Zip Code  
**DIX HILLS NY 11746-6201**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ATLANTIC NURSERIES**

Occupation  
**GARDNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**12 / 15 / 2009**

**Transaction ID: SA11.13222959**

Amount of Each Receipt this Period

**210.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH F. SCHAFER**

Mailing Address **736 CRESCENT RD**

City State Zip Code  
**JACKSON MI 49203-3965**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 14 / 2009**

**Transaction ID: SA11.13220192**

Amount of Each Receipt this Period

**300.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. KARL H. SCHAFER**

Mailing Address **827 SHEPHERD LN**

City State Zip Code  
**ELBURN IL 60119-7125**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**12 / 14 / 2009**

**Transaction ID: SA11.13220825**

Amount of Each Receipt this Period

**35.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**545.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 862 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

DR. LAWRANCE S. SCHAFFZIN

Mailing Address 404 CROYDEN RD

City

CHELTENHAM

State

PA

Zip Code

19012-1612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13206988

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ARTHUR SCHENCK

Mailing Address 3939 W RIDGE RD  
SUITE A204

City

ERIE

State

PA

Zip Code

16506-1884

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SAFE HARBOR WELLNESS CENT-  
ER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217298

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DANIEL E. SCHERDT

Mailing Address 1478 COLUMBUS RD

City

WEST SACRAMENTO

State

CA

Zip Code

95691-4918

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PILOT

Occupation

OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209273

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 863 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE SCHERER

Mailing Address 606 LOUGHMOR PASS

City

SAINT CHARLES

State

MO

Zip Code

63304-0504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MCCARTHY BUILDING COMPANI-  
ES

Occupation

EXECUTIVE VP AND CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241771

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JANET L. SCHEUERMAN

Mailing Address 1808 WOODMERE DR E

City

VALPARAISO

State

IN

Zip Code

46383-1645

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238254

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RONALD SCHILDROTH

Mailing Address 24658 Q AVENUE

City

GRUNDY CENTER

State

IA

Zip Code

50638-8579

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227618

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

435.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 864 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DAVID M. SCHLOSSMAN MD

Mailing Address 1705 E BROADWAY  
SUITE 100

City State Zip Code  
COLUMBIA MO 65201-7167

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216583

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CLEMENS E. SCHMIDT

Mailing Address 1755 CAPE CORAL PARKWAY E.  
APARTMENT 116

City State Zip Code  
CAPE CORAL FL 33904-9683

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13238756

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. EDE A. SCHMIDT

Mailing Address 1237 LAKE FRONT ROAD

City State Zip Code  
LAKE OSWEGO OR 97034-4607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13227188

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

390.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 865 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ERIC S. SCHMIDT

Mailing Address 525 DOYLE PARK DR STE 101

City

SANTA ROSA

State

CA

Zip Code

95405-4516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ERIC S. SCHMIDT MD, INC.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217594

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANK MARIANNE SCHMITT

Mailing Address 22109 N 78TH ST

City

SCOTTSDALE

State

AZ

Zip Code

85255-4010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MECHANICAL PRODUCTS SW

Occupation  
PRESIDENT/OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226464

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JOAN F. SCHMIDT

Mailing Address 4506 PROVIDENCE POINT PL SE

City

ISSAQUAH

State

WA

Zip Code

98029-6835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225668

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 866 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. STEVEN I. SCHMIDT

Mailing Address 2300 N VERMILION ST

City

DANVILLE

State

IL

Zip Code

61832-1735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARLE CLINIC URDANA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216680

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. TROY SCHMIDT

Mailing Address 129 MCDOWELL ST

City

ASHEVILLE

State

NC

Zip Code

28801-4434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BLUE RIDGE BONE AND JOINT  
CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13226721

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MISS MARCELLA E. SCHNEIDER

Mailing Address 225 FRANK STREET  
APARTMENT 221

City

SAINT PAUL

State

MN

Zip Code

55106-6740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215406

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 867 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RAYMOND SCHNEIDER

Mailing Address 2034 S ALMA SCHOOL RD  
# 2

City	State	Zip Code
MESA	AZ	85210-4004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	9

Transaction ID: SA11.13202883

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT SCHNEIDER

Mailing Address 969 HANNAFIELD CT

City	State	Zip Code
BALLWIN	MO	63021-5326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: SA11.13224888

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRANKLIN C. SCHOCH

Mailing Address 106 GAIL CIRCLE

City	State	Zip Code
READING	PA	19610-3106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GRAPHITE MACHINING INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CORPORATE OFFICER

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	9

Transaction ID: SA11.13220092

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

910.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 868 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GERRIT J. SCHOLTEN

Mailing Address 6858 E VIA DORADO

City

TUCSON

State

AZ

Zip Code

85715-4821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13221183

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GERRIT J. SCHOLTEN

Mailing Address 6858 E VIA DORADO

City

TUCSON

State

AZ

Zip Code

85715-4821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13227153

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY M. SCHRADER

Mailing Address 10004 WHIDBEY LANE

City

BURKE

State

VA

Zip Code

22015-3842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220599

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 869 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RICHARD A. SCHRAUFNAGEL

Mailing Address 875 PROVIDENCE LN

City

BUFFALO GROVE

State

IL

Zip Code

60089-1234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF WISCONSIN

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216661

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. SCHREIBER

Mailing Address 6042 JACKMAN ROAD

City

TOLEDO

State

OH

Zip Code

43613-1734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219764

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. SCHREIBER

Mailing Address 6042 JACKMAN ROAD

City

TOLEDO

State

OH

Zip Code

43613-1734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13238827

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 870 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BYRON SCHRIEVER

Mailing Address 14980 SEAL ROCK AVE NE

City

AURORA

State

OR

Zip Code

97002-7007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13243762

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES W. SCHUDT

Mailing Address 900 N TAYLOR ST.  
APT 1426

City

ARLINGTON

State

VA

Zip Code

22203-1858

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227490

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. BARBARA H. SCHUETTE

Mailing Address 733 INVERNESS DRIVE

City

WEST CHESTER

State

PA

Zip Code

19380-6882

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13213541

Amount of Each Receipt this Period

600.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

710.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 871 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. HAROLD E. SCHUMACHER

Mailing Address P.O. BOX 44

City

MILLVILLE

State

MN

Zip Code

55957-0044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246171

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HARRY RICHARD SCHUMACHER

Mailing Address 47 E 88TH ST.  
APT.14A

City

NEW YORK

State

NY

Zip Code

10128-1152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243281

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CHRISTA SCHUTZ

Mailing Address 1 RENAISSANCE SQ.  
UNIT 16E

City

WHITE PLAINS

State

NY

Zip Code

10601-3000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239513

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 872 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES R. SCHWAB

Mailing Address PO BOX 192861

City

SAN FRANCISCO

State

CA

Zip Code

94119-2861

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHARLES SCHWAB & COMPANY  
INC.

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13213478

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR GENE SCHWARTZ, SR.

Mailing Address 300 NELSON AVE

City

NEOSHO

State

MO

Zip Code

64850-8806

FEC ID number of contributing  
federal political committee.

C

Name of Employer

K & S WIRE PRODUCTS INC

Occupation

EXECUTIVE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216606

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH F. SCHWARTZ

Mailing Address 2134 WANTAGH PARK DR

City

WANTAGH

State

NY

Zip Code

11793-4123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13243998

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10380.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 873 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. M. ROY SCHWARZ, M.D.

Mailing Address 812 ARMISTEAD STREET

City

WINCHESTER

State

VA

Zip Code

22601-6703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHINA MEDICAL BOARD OF NEW  
YOR

Occupation

PHYSICIAN ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225890

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT G. SCHWAB

Mailing Address 100 W BUTLER AVE

City

AMBLER

State

PA

Zip Code

19002-5703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LTK ENGINEERING SERVICES

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214691

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. EDMUND SCHWEITZER

Mailing Address 2350 NE HOPKINS COURT

City

PULLMAN

State

WA

Zip Code

99163-5600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCHWEITZER ENGINEERING LA-  
BS

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13254489

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

30650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 874 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RAYMOND SCHWEGLER

Mailing Address 2040 HUTTON RD  
# 102

City State Zip Code  
KANSAS CITY KS 66109-4566

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13226708

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM E. SCHWEIZER III

Mailing Address 145 E 32ND ST  
11

City State Zip Code  
NEW YORK NY 10016-6055

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223656

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ROSEMARIE J. SCIORTINO

Mailing Address 2012 SUMMER BLOSSOM CT  
UNIT 103

City State Zip Code  
LAS VEGAS NV 89134-2612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216978

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

860.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 875 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA J. SCOLARO

Mailing Address 2547 WALTERS AVE

City

NORTHBROOK

State

IL

Zip Code

60062-4444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 9

Transaction ID: SA11.13227141

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA J. SCOLARO

Mailing Address 2547 WALTERS AVE

City

NORTHBROOK

State

IL

Zip Code

60062-4444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13244084

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA J. SCOLARO

Mailing Address 2547 WALTERS AVE

City

NORTHBROOK

State

IL

Zip Code

60062-4444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13247471

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 876 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MRS. BARBARA J. SCOLARO

Mailing Address 2547 WALTERS AVE

City State Zip Code  
NORTHBROOK IL 60062-4444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13247490

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. CALVIN WENDELL SCOTT

Mailing Address 4504 KINGSWICK DR

City State Zip Code  
ARLINGTON TX 76016-2347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233445

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. HARVEY SCOTT

Mailing Address 4096 CORAL REEF DRIVE

City State Zip Code  
LAKE HAVASU CITY AZ 86406-4508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205810

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

350.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 877 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. PAUL A. SCOTT

Mailing Address 2793 LINEVILLE RD

City

GREEN BAY

State

WI

Zip Code

54313-7152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13206977

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS G. SCRIVNER

Mailing Address 25461 WEST FREMONT ROAD

City

LOS ALTOS

State

CA

Zip Code

94022-3538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCENTURE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

LAWYER

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13251771

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. LEONARD JOSEPH SCUDERI

Mailing Address 3 GAUCHO DR.

City

ROLLING HILLS ESTA

State

CA

Zip Code

90274-5113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13247390

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

30800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 878 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN C. SCURLOCK

Mailing Address 4103 MESA CT

City

AUSTIN

State

TX

Zip Code

78731-3743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207806

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. BRIAN R. SEABOLT

Mailing Address 4446 TUSCANY TRCE

City

COLLEGE STATION

State

TX

Zip Code

77845-3434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CENTRAL TEXAS SPORTS MEDI-  
CINE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1709.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238296

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. CHARLES SEAGER

Mailing Address 132 PROFESSIONAL CIRCLE

City

WILLIAMSBURG

State

VA

Zip Code

23185-3374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TIDEWATER PHYSICIANS MULT-  
SPECIALTY GR

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204787

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 879 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. NANCY F. SEAGLE**

Mailing Address **359 2ND STREET PL NW**

City State Zip Code  
**HICKORY NC 28601-4934**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DU MONDE INC.**

Occupation  
**PRESIDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**575.00**

Date of Receipt

**12 / 10 / 2009**

Transaction ID: SA11.13214429

Amount of Each Receipt this Period

**175.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. NANCY F. SEAGLE**

Mailing Address **359 2ND STREET PL NW**

City State Zip Code  
**HICKORY NC 28601-4934**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DU MONDE INC.**

Occupation  
**PRESIDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**575.00**

Date of Receipt

**12 / 16 / 2009**

Transaction ID: SA11.13224866

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MACK W. SEAL**

Mailing Address **873 RIDGEWOOD BLVD**

City State Zip Code  
**HUDSON OH 44236-1687**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**12 / 07 / 2009**

Transaction ID: SA11.13210298

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**500.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 880 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. TAMARA J. SEAMAN

Mailing Address 3925 KANSAS ROAD

City

EVANSVILLE

State

IN

Zip Code

47725-7607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Transaction ID: SA11.13231258

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM A. SEAVEY

Mailing Address 1310 CONN VALLEY RD.

City

SAINT HELENA

State

CA

Zip Code

94574-9624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Transaction ID: SA11.13208762

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM A. SEAVEY

Mailing Address 1310 CONN VALLEY RD.

City

SAINT HELENA

State

CA

Zip Code

94574-9624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13221865

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

225.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 881 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JEFFREY J. SEE, M.D.

Mailing Address 14547 BRUCE B DOWNS BLVD

City

TAMPA

State

FL

Zip Code

33613-2709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Transaction ID: SA11.13241055

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH SEELY

Mailing Address 15 PINCKNEY ST UNIT 4

City

BOSTON

State

MA

Zip Code

02114-4846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MICROWORKS COMPUTER CTR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SALES MGR/SALES REP

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Transaction ID: SA11.13227183

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. WILLIAM A. SEGARS

Mailing Address 340 IDYLWOOD DR

City

ATHENS

State

GA

Zip Code

30605-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216501

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 882 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HARRY T. SELLERS, JR.

Mailing Address 3613 CROMWELL DR

City

HEPHZIBAH

State

GA

Zip Code

30815-6210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13226726

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN SELLERS

Mailing Address 903 SHORT REACH DR

City

GALVESTON

State

TX

Zip Code

77554-7130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230617

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. K W. SELLERS

Mailing Address 8020 FRANKFORD  
APARTMENT 126

City

DALLAS

State

TX

Zip Code

75252-1930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231414

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 883 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. BONNIE C. SELLS

Mailing Address PO BOX 1358

City

ROUND ROCK

State

TX

Zip Code

78680-1358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALPHA PAINTING & DECORATI-  
NG IN

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13223911

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WALTER W. SELOVER

Mailing Address 2100 GREEN STREET  
APT 104

City

SAN FRANCISCO

State

CA

Zip Code

94123-4701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208569

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WALTER W. SELOVER

Mailing Address 2100 GREEN STREET  
APT 104

City

SAN FRANCISCO

State

CA

Zip Code

94123-4701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230142

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1570.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 884 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
DR. CARL SEON

Mailing Address 300 STATE ST  
SUITE 400A

City State Zip Code  
ERIE PA 16507-1478

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13226713

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MS. BARBARA SERAFIN

Mailing Address 53 WEBB AVE.

City State Zip Code  
STAMFORD CT 06902-4410

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231423

Amount of Each Receipt this Period

65.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. BULENT SERBES

Mailing Address 115 LAKESHORE DR APT 1046

City State Zip Code  
NORTH PALM BEACH FL 33408-3644

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222439

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

590.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 885 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BULENT SERBES

Mailing Address 115 LAKESHORE DR APT 1046

City

NORTH PALM BEACH

State

FL

Zip Code

33408-3644

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239955

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA W. SERRIN

Mailing Address 4422 DUPONT AVENUE S.

City

MINNEAPOLIS

State

MN

Zip Code

55419-4739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13225226

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID L. SERVICE

Mailing Address 3570 CRANBERRY DRIVE

City

HUNTINGDON VALLEY

State

PA

Zip Code

19006-3021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
K. S. & L., INC.

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242539

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 886 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID SEUBERLING

Mailing Address 2575 QUEEN CITY AVE

City

CINCINNATI

State

OH

Zip Code

45238-2901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOME IMPROVEMENT SYSTEMS

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13224991

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. VIRGINIA C. SEVERNS

Mailing Address 414 N. WESTWOOD DRIVE

City

PEORIA

State

IL

Zip Code

61614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13206840

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. HYTHEM P. SHADID

Mailing Address 2900 FOXFIELD RD STE 10

City

SAINT CHARLES

State

IL

Zip Code

60174-5799

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241047

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 887 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. JACK D. SHAFFER**

Mailing Address **429 RICHLAND RD**

City State Zip Code  
**MARION OH 43302-5713**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RHOADES HEATING & AIR CON-  
 DITIONING**

Occupation  
**SALES MANAGER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**215.00**

Date of Receipt

**12 / 22 / 2009**

**Transaction ID: SA11.13229540**

Amount of Each Receipt this Period

**55.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. RICHARD WILLIAM SHAFFER**

Mailing Address **82751 BOSTON CT**

City State Zip Code  
**INDIO CA 92201-5909**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

**12 / 01 / 2009**

**Transaction ID: SA11.13203097**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. RICHARD WILLIAM SHAFFER**

Mailing Address **82751 BOSTON CT**

City State Zip Code  
**INDIO CA 92201-5909**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

**12 / 18 / 2009**

**Transaction ID: SA11.13227723**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**105.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 888 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD WILLIAM SHAFFER

Mailing Address 82751 BOSTON CT

City

INDIO

State

CA

Zip Code

92201-5909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	9

Transaction ID: SA11.13244875

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JUDY L. SHALLENBERGER

Mailing Address PO BOX 617

City

GENOA

State

NV

Zip Code

89411-0617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: SA11.13220949

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH D. SHALOSKY

Mailing Address 6294 MINK STREET RD

City

OSTRANDER

State

OH

Zip Code

43061-9676

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: SA11.13220957

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

355.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 889 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BURTON C. SHAMPLO

Mailing Address 14111 LICKLEY ROAD

City

WALDRON

State

MI

Zip Code

49288-9613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	4		2	0	0	9

Transaction ID: SA11.13237337

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JINGZI SHANG

Mailing Address 120 E 2ND  
SUITE 5

City

ERIE

State

PA

Zip Code

16507-1537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	0	9

Transaction ID: SA11.13241040

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CONSTANCE A. SHANK

Mailing Address 23773 CREEK BRANCH LANE

City

BONITA SPRINGS

State

FL

Zip Code

34135-4013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Transaction ID: SA11.13217007

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 890 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. J. C. SHANNON

Mailing Address 2129 COUNTRY CLUB DRIVE

City

YAZOO CITY

State

MS

Zip Code

39194-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244193

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JANICE SHANNON

Mailing Address 9074 W CORNELL PL

City

LAKEWOOD

State

CO

Zip Code

80227-4506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FRANCHISE DAIRY QUEEN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208851

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JANICE SHANNON

Mailing Address 9074 W CORNELL PL

City

LAKEWOOD

State

CO

Zip Code

80227-4506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FRANCHISE DAIRY QUEEN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244409

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 891 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TODD SHAPIRO

Mailing Address 9113 CROSS WATER

City

BAKERSFIELD

State

CA

Zip Code

93312-6276

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHERN CALIFORNIA ORTHO-  
PEDIC INSTITU

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13229866

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARJORIE SHAPLEIGH

Mailing Address 1742 NICHOLS AVE

City

STRATFORD

State

CT

Zip Code

06614-2631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220554

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARJORIE SHAPLEIGH

Mailing Address 1742 NICHOLS AVE

City

STRATFORD

State

CT

Zip Code

06614-2631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13221965

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

405.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 892 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FRANK M. SHAPPERT

Mailing Address 7950 DISTILLERY RD

City

BELVIDERE

State

IL

Zip Code

61008-8736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242116

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. SHERYL SHARK

Mailing Address PO BOX 1396

City

RED LODGE

State

MT

Zip Code

59068-1396

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PIANO TEACHER

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202948

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN J. SHAUGNESSY

Mailing Address 91 LONGMEADOW ROAD

City

MILTON

State

MA

Zip Code

02186-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236929

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 893 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD M. SHAW

Mailing Address 1525 PIPER DUNES PL

City

FERNANDINA

State

FL

Zip Code

32034-6619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	0	9

Transaction ID: SA11.13244859

Amount of Each Receipt this Period

310.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR MICHAEL B. SHAW

Mailing Address 8803 S 101ST EAST AVE  
SUITE 165

City

TULSA

State

OK

Zip Code

74133-5750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTH TULSA ENT CENTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Transaction ID: SA11.13217671

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES J. SHEA, JR.

Mailing Address 70168 SONORA RD

City

RANCHO MIRAGE

State

CA

Zip Code

92270-3431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	8		2	0	0	9

Transaction ID: SA11.13228304

Amount of Each Receipt this Period

320.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

730.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 894 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

COL. PATRICK SHEETS

Mailing Address 3820 YORBA LINDA DR

City

LAS VEGAS

State

NV

Zip Code

89122-4723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219461

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR L. SHEKELL

Mailing Address 2052 LOST PINES CIR

City

HENDERSON

State

NV

Zip Code

89074-1509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13217922

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

TOM SHEPPARD

Mailing Address 116 EVERGREEN PLACE

City

BRISTOL

State

TN

Zip Code

37620-3059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRAMCO SERVICES, INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202953

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 895 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CLEONE F. SHERMAN

Mailing Address 1294 W. DOUBLE EAGLE CT

City

HERNANDO

State

FL

Zip Code

34442-6227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243044

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ANNETTE B. SHERWOOD

Mailing Address 1 STICKLEY DR

City

LAGUNA BEACH

State

CA

Zip Code

92651-4238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227762

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JEANETTE J. SHERWOOD

Mailing Address 6501 YALE STREET  
APARTMENT 602

City

WESTLAND

State

MI

Zip Code

48185-2125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13212661

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

340.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 896 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LISA A. SHEVENELL

Mailing Address 3372 SKYLINE VIEW DRIVE

City

RENO

State

NV

Zip Code

89509-5067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIV OF NEVADA

Occupation

HYDROGEOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243314

Amount of Each Receipt this Period

130.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. CATHERINE G. SHIPPEN

Mailing Address 2306 SHEPHERD DR

City

NORTHFIELD

State

NJ

Zip Code

08225-1725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAINLAND REGIONAL H.S.

Occupation

TEACHER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215887

Amount of Each Receipt this Period

114.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RON SHIRE

Mailing Address 2102 N. QUINCY STREET

City

ENID

State

OK

Zip Code

73701-2557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240230

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

349.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 897 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT H. SHRADER

Mailing Address 9333 ROLLING CIRCLE

City

SAN ANTONIO

State

FL

Zip Code

33576-4651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205598

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS H. SHRAGER

Mailing Address 40 WESTON RD.

City

WESTON

State

CT

Zip Code

06883-2916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TWEEDY BROWNE

Occupation  
ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13209395

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR LESLIE A. SHREM

Mailing Address 197 RIDGEDALE AVE

City

CEDAR KNOLLS

State

NJ

Zip Code

07927-2111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHERN ANESTHESIA, PA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217147

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5210.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 898 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DANIEL T. SHREVE

Mailing Address 47 HAZARD AVE

City

EAST PROVIDENCE

State

RI

Zip Code

02914-3309

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Transaction ID: SA11.13216558

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. DORIS M. SHREWSBURY

Mailing Address 10441 REXFORD DRIVE

City

CYPRESS

State

CA

Zip Code

90630-4634

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Transaction ID: SA11.13222357

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. DOLLY D. SHULER

Mailing Address 2209 E. 60TH STREET

City

SAVANNAH

State

GA

Zip Code

31404-5119

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Transaction ID: SA11.13222719

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

390.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 899 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DOLLY D. SHULER

Mailing Address 2209 E. 60TH STREET

City

SAVANNAH

State

GA

Zip Code

31404-5119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: SA11.13229191

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ALLISON SHULMAN

Mailing Address 6407 15TH STREET

City

ALEXANDRIA

State

VA

Zip Code

22307-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DICKSTEIN SHAPIROOccupation  
ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: SA11.13229876

Amount of Each Receipt this Period

625.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. BERNARD H. SHULMAN

Mailing Address 4711 GOLF RD  
1200

City

SKOKIE

State

IL

Zip Code

60076-1224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BERNARD. SHULMAN M.D.Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Transaction ID: SA11.13226763

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

950.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 900 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. SCOTT SHULMAN

Mailing Address 550 PEACHTREE ST NE STE. 1550

City

ATLANTA

State

GA

Zip Code

30308-2253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAUREATE MEDICAL GROUP

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216902

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ALAN SHULTZ

Mailing Address 105 BRUCE PROFESSIONAL PLZ  
STE D

City

MT STERLING

State

KY

Zip Code

40353-8504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALAN SHULTZ, MD

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207110

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. STEPHEN C. SHY

Mailing Address 3174 ROUTE 75

City

HUNTINGTON

State

WV

Zip Code

25704-9150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OHIO VALLEY PHYSICIAN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204900

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 901 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN J. SIEFFERT

Mailing Address 740 RANDALL DRIVE

City

TROY

State

MI

Zip Code

48085-4853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209600

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. RONALD SIGLER

Mailing Address PO BOX 565

City

COTTONWOOD

State

ID

Zip Code

83522-0565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST. MARY'S HOSPITAL OF CO-  
TTONWOOD

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13220986

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM P. SIGLIN

Mailing Address P.O. BOX 440

City

WOODWARD

State

IA

Zip Code

50276-0440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
REAL ESTATE SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220680

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 902 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. C. J. SILAS

Mailing Address P.O. BOX 2127

City

BARTLESVILLE

State

OK

Zip Code

74005-2127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	9

Transaction ID: SA11.13244195

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CDR. JOHN R. SILL

Mailing Address 930 CHIP CREEK CT

City

MINDEN

State

NV

Zip Code

89423-7724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	9

Transaction ID: SA11.13207518

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALAN L. SILVERTHORN

Mailing Address 8807 LAGRANGE ST

City

LORTON

State

VA

Zip Code

22079-1628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	9

Transaction ID: SA11.13214227

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

360.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 903 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MATTHEW S. SILVERBERG

Mailing Address 12 SOUTH ATLANTIC AVENUE APT 6

City

MATAWAN

State

NJ

Zip Code

07747-1530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13221238

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MORRIS SILVERMAN

Mailing Address 790 ESTATE DR  
STE 100

City

DEERFIELD

State

IL

Zip Code

60015-4884

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
M S MANAGEMENT CORP

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230118

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES P. SIMMONS

Mailing Address 3957 E PARADISE VIEW DRIVE

City

PARADISE VALLEY

State

AZ

Zip Code

85253-3808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222963

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

330.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 904 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD P. SIMMONS

Mailing Address 79 QUAKER HOLLOW ROAD

City

SEWICKLEY

State

PA

Zip Code

15143-9353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13243663

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS R. SIMMONS

Mailing Address 1182 PELLY CIR NE

City

ATLANTA

State

GA

Zip Code

30319-4572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRS. AND ASSOCIATES

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216714

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ALICE B. SIMONSON

Mailing Address PO BOX 512

City

WATFORD CITY

State

ND

Zip Code

58854-0512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202937

Amount of Each Receipt this Period

155.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1455.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 905 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. NEIL SIMON

Mailing Address 100 UNITED NATIONS PLAZA

City

NEW YORK

State

NY

Zip Code

10017-1713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220154

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALFRED K. SIMPSON

Mailing Address 2750 GULF SHORE BLVD N  
APT 104

City

NAPLES

State

FL

Zip Code

34103-4351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222713

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR RUSSELL SIMPSON

Mailing Address 4896 CHAMBERS RD

City

DENVER

State

CO

Zip Code

80239-5152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217750

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 906 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM D. SIMPSON, SR.

Mailing Address 204 KINGS CROSSING CIR APT 3A

City

BEL AIR

State

MD

Zip Code

21014-3280

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220151

Amount of Each Receipt this Period

240.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. GARY SINGER

Mailing Address 70 JUNGERMANN CIR  
SUITE 405

City

ST PETERS

State

MO

Zip Code

63376-1637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229440

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALLEN A. SKOGEBO

Mailing Address 1500 CHELTENHAM CT E

City

CROWNSVILLE

State

MD

Zip Code

21032-2227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229522

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1040.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 907 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALLAN P. SLAFF

Mailing Address 4151 GULF SHORE BLVD N  
APT 601

City State Zip Code  
NAPLES FL 34103-2296

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244795

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN SLANEY

Mailing Address 745 W SUNSET DR

City State Zip Code  
REDLANDS CA 92373-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244636

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL H. SLOAN

Mailing Address 476 BROOKSHIRE ST.

City State Zip Code  
POWELL TX 75153-8857

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207065

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

525.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 908 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT H. SLOAN

Mailing Address 15 SCHUYLER HILLS ROAD

City

ALBANY

State

NY

Zip Code

12211-1480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217722

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR SUSAN SLOMINSKI

Mailing Address 2741 S 8TH AVE  
# A

City

YUMA

State

AZ

Zip Code

85364-7154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216694

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

REV. JOSEPH J. SMAHA

Mailing Address 273 W MIDLAND AVE

City

PARAMUS

State

NJ

Zip Code

07652-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PARAMUS FIRE DEPT.

Occupation  
FIREFIGHTER/PASTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245453

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

760.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 909 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. BILLIE ANN SMITH

Mailing Address 6417 WORCHESTER DRIVE

City

NASHVILLE

State

TN

Zip Code

37221-3709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13220981

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES SMITH, JR.

Mailing Address 2101 HARRISBURG RD

City

JONESBORO

State

AR

Zip Code

72401-5914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210150

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CLAUDE W. SMITH

Mailing Address 216 E PIERCE ST

City

MANGUM

State

OK

Zip Code

73554-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13206702

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

295.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 910 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CLAUDE W. SMITH

Mailing Address 216 E PIERCE ST

City

MANGUM

State

OK

Zip Code

73554-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13221271

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CLAUDE W. SMITH

Mailing Address 216 E PIERCE ST

City

MANGUM

State

OK

Zip Code

73554-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233760

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CLAUDE W. SMITH

Mailing Address 216 E PIERCE ST

City

MANGUM

State

OK

Zip Code

73554-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13238365

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 911 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DOLORES SMITH

Mailing Address 880 SYCAMORE HILL RD

City

SEVERN

State

MD

Zip Code

21144-1312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EASTERN EXCAVATING

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223830

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. E. GREGORY SMITH

Mailing Address 229 BAVARIAN DRIVE  
APARTMENT K.

City

MIDDLETOWN

State

OH

Zip Code

45044-5470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13212282

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ELMER E. SMITH

Mailing Address 198 VICTORIA WAY

City

GEORGETOWN

State

KY

Zip Code

40324-9186

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215827

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 912 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. F AMES SMITH

Mailing Address 1015 E 32ND ST  
# 308

City State Zip Code  
AUSTIN TX 78705-2701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217605

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. H. BLAKE SMITH

Mailing Address 1000 HARMONY LANE

City State Zip Code  
FULLERTON CA 92831-1912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240917

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JEAN SMITH

Mailing Address P.O. BOX 3008

City State Zip Code  
SUN VALLEY ID 83353-3008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13234409

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

725.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 913 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY SMITH

Mailing Address 20 PENTWATER DRIVE

City

SOUTH BARRINGTON

State

IL

Zip Code

60010-9331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13225019

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JEFFERY L. SMITH, II

Mailing Address PO BOX 569

City

SUNDANCE

State

WY

Zip Code

82729-0569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SEVEN J OUTFITTERS INC

Occupation

OUTFITTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216794

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN V SMITH

Mailing Address 21013 MOUSETOWN RD

City

BOONSBORO

State

MD

Zip Code

21713-2231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BECHTEL CORP

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13223006

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

835.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 914 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. KAREN L. SMITH

Mailing Address 1809 FREDERICK CT

City

CHESAPEAKE

State

VA

Zip Code

23321-1962

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: SA11.13229454

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. KATHRYN SMITH

Mailing Address 1615 PRENDERGAST LN

City

SAINT LOUIS

State

MO

Zip Code

63138-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AJILON STAFFING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

TEMPORARY/CONSULTANT

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: SA11.13234194

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

KEITH SMITH

Mailing Address 5707 SILVER SKY WAY

City

GREENSBORO

State

NC

Zip Code

27410-1833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ONE SOURCE DOCUMENT SOLUT-  
IONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

VP OPERATIONS

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	9

Transaction ID: SA11.13205259

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

295.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 915 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MR. MARK A. SMITH, JR.

Mailing Address P.O. BOX 100

City

LINDEN

State

VA

Zip Code

22642-0100

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207061

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MERLYN SMITH

Mailing Address 1100 ROSSEHL LN

City

MONTROSE

State

CO

Zip Code

81401-5379

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13206267

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MERLYN SMITH

Mailing Address 1100 ROSSEHL LN

City

MONTROSE

State

CO

Zip Code

81401-5379

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 0 5 / 2 0 0 9

Transaction ID: SA11.13208187

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 916 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MERLYN SMITH

Mailing Address 1100 ROSSEHL LN

City

MONTROSE

State

CO

Zip Code

81401-5379

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236417

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MERLYN SMITH

Mailing Address 1100 ROSSEHL LN

City

MONTROSE

State

CO

Zip Code

81401-5379

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13247396

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. PHILLIP SMITH

Mailing Address 800 MEADOWS RD

City

BOCA RATON

State

FL

Zip Code

33486-2304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOCA RATON COMMUNITY HOSP-  
ITAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204869

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 917 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RUFUS SMITH

Mailing Address 4300 W MAIN ST  
# 31

City State Zip Code  
DOTHAN AL 36305-1315

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217747

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STAN R. SMITH

Mailing Address 26 WIDEWATER ROAD

City State Zip Code  
HILTON HEAD ISLAND SC 29926-2064

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13237354

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WAYNE A. SMITH

Mailing Address 201 E. WASHINGTON ST.  
FL. 11

City State Zip Code  
PHOENIX AZ 85004-2385

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JENNINGS STRONGS AND SALM-  
ON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ATTORNEY

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227509

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 918 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 MR. LEO SMYTH

Mailing Address 9504 231ST PL SW

City State Zip Code  
 EDMONDS WA 98020-5022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205747

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
 LT. COL. RAYMOND E. SMYTHE

Mailing Address 909 FIR STREET SE

City State Zip Code  
 OLYMPIA WA 98501-1837

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210603

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 LT. COL. RAYMOND E. SMYTHE

Mailing Address 909 FIR STREET SE

City State Zip Code  
 OLYMPIA WA 98501-1837

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13227189

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 919 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM R. SNAER

Mailing Address P.O. BOX 1568

City

LAKE ARROWHEAD

State

CA

Zip Code

92352-1568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HUNTINGTON PEDIATRIC DENT-  
AL

Occupation

PEDIATRIC DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 9

Transaction ID: SA11.13227146

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWARD M. SNIDER

Mailing Address P.O. BOX 25088

City

PHILADELPHIA

State

PA

Zip Code

19147-0288

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SPECTATOR INC.

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13232234

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. NED SNYDER

Mailing Address 901 W 38TH ST  
SUITE 10

City

AUSTIN

State

TX

Zip Code

78705-1163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230729

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 920 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN J. SNYDER

Mailing Address 11394 WHITE BIRCH DRIVE

City

PELLSTON

State

MI

Zip Code

49769-9118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	1		2	0	0	9

Transaction ID: SA11.13226883

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ANDREW SOBEL

Mailing Address 251024TH STREET

City

SANTA MONICA

State

CA

Zip Code

90402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Transaction ID: SA11.13260114

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALFRED M. SODERSTROM

Mailing Address 7313 S. TAMARAC STREET

City

CENTENNIAL

State

CO

Zip Code

80112-1836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	9

Transaction ID: SA11.13215740

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

15100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 921 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DR. WILLIAM N. SOKOL**

Mailing Address **2011 WESTCLIFF DR. STE. 7**

City State Zip Code  
**NEWPORT BEACH CA 92660-5508**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**750.00**

Date of Receipt

**12 / 21 / 2009**

Transaction ID: SA11.13230741

Amount of Each Receipt this Period

**450.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. DAVID A. SOLIN**

Mailing Address **5106 GOLD CREST CT**

City State Zip Code  
**AUSTIN TX 78730-3520**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BVM SOFTWARE, INC.**

Occupation

**R&D SOLUTIONS ARCHITECT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1100.00**

Date of Receipt

**12 / 31 / 2009**

Transaction ID: SA11.13247523

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. GERALD SONNABEND**

Mailing Address **419 N MAIN ST**

City State Zip Code  
**BRILLION WI 54110-1104**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**229.00**

Date of Receipt

**12 / 29 / 2009**

Transaction ID: SA11.13238276

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**1550.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 922 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JON M. SONSTREOM

Mailing Address 1600 WAPITI CIRCLE  
UNIT 19

City State Zip Code  
ESTES PARK CO 80517-5410

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205948

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES SORENSEN

Mailing Address 3400 PAUL SWEET RD UNIT D218

City State Zip Code  
SANTA CRUZ CA 95065-1544

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238255

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KENNETH L. SORUM

Mailing Address PO BOX 188

City State Zip Code  
CROSBY ND 58730-0188

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SORUM'S WESTLAND SERVICE

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

729.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217055

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

245.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 923 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GERALD S. SOSNOSKI

Mailing Address 7837 E LARKSPUR DR.

City

KINGMAN

State

AZ

Zip Code

86401-9521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214428

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GERALD S. SOSNOSKI

Mailing Address 7837 E LARKSPUR DR.

City

KINGMAN

State

AZ

Zip Code

86401-9521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230216

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID C. SPACKMAN

Mailing Address 3415 N. PINES WAY  
SUITE 104

City

WILSON

State

WY

Zip Code

83014-9168

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOTHEBY'S INTERNATIONAL  
REALTY

Occupation  
ASSOCIATE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13232229

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3210.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 924 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA J. SPADE

Mailing Address 205 TELLUS ST

City

LAKEWAY

State

TX

Zip Code

78734-3832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: SA11.13233695

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. DAVID SPAHLINGER

Mailing Address 1301 CATHERINE ST

City

ANN ARBOR

State

MI

Zip Code

48109-2026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	9

Transaction ID: SA11.13206342

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SUSAN SPALDING

Mailing Address 2025 LINCOLN PARK RD.

City

SPRINGFIELD

State

KY

Zip Code

40069-9577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	9

Transaction ID: SA11.13212215

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

850.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 925 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SUSAN SPALDING

Mailing Address 2025 LINCOLN PARK RD.

City

SPRINGFIELD

State

KY

Zip Code

40069-9577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226488

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT L. SPANJERS, SR.

Mailing Address 7658 MARINER POINT

City

MAPLE GROVE

State

MN

Zip Code

55311-2618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
A.J. SPANJERS COMPANY, IN-  
C.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217723

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. C RUSSELL SPARENBERG

Mailing Address 3900 W 15TH ST  
# 106

City

PLANO

State

TX

Zip Code

75075-4728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217355

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

520.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 926 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. SPEER

Mailing Address 900 E. CRESTVIEW DRIVE

City

FARMINGTON

State

NM

Zip Code

87401-9111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13212269

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HARRY SPENCE

Mailing Address 13048 SOMERSET DR

City

GRASS VALLEY

State

CA

Zip Code

95945-9729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216642

Amount of Each Receipt this Period

550.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT KEITH SPENCER

Mailing Address 925 YORK ST

City

AUMSVILLE

State

OR

Zip Code

97325-9473

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229699

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

705.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 927 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT SPERO**

Mailing Address **9723 MENARD AVE**

City State Zip Code  
**OAK LAWN IL 60453-3654**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**379.00**

Date of Receipt

**12 / 23 / 2009**

Transaction ID: SA11.13247087

Amount of Each Receipt this Period

**15.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. HEATHER SPILLERS**

Mailing Address **3717 HIGHWAY 80**

City State Zip Code  
**RUSTON LA 71270-8944**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**12 / 30 / 2009**

Transaction ID: SA11.13242085

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. ANNE SPINELLI**

Mailing Address **4533 COUNTRY LN**

City State Zip Code  
**WOOSTER OH 44691-5511**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**12 / 15 / 2009**

Transaction ID: SA11.13217063

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**225.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 928 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CLYDE SPITZE

Mailing Address 1008 GREYSTOKE ACRES

City

LAS VEGAS

State

NV

Zip Code

89145-8659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216478

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDMUND SPOLETI

Mailing Address 48 JAMES ST

City

NEW CITY

State

NY

Zip Code

10956-3633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228711

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CHARLEEN SPRECHER

Mailing Address 3506 WINTER CREST CT

City

SUGAR LAND

State

TX

Zip Code

77479-3046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLUOR

Occupation  
ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13227218

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 929 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM C. SPRENGER

Mailing Address 3811 S. LATAWAH ST.

City

SPOKANE

State

WA

Zip Code

99203-2726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

371.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13221792

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JAMES R. SPURLOCK

Mailing Address P.O. BOX 92

City

STRATFORD

State

TX

Zip Code

79084-0092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: SA11.13209883

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. VINCENT D. SQUILLA

Mailing Address 45 STONE CABIN RD

City

NEW ROCHELLE

State

NY

Zip Code

10801-1311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	9

Transaction ID: SA11.13244851

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

385.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 930 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JESSE ST. CLAIR

Mailing Address 726 LOVEVILLE RD APT 406

City

HOCKESSIN

State

DE

Zip Code

19707-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204883

Amount of Each Receipt this Period

310.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RALPH ST. JOHN

Mailing Address 12736 NORTHERN BLVD.

City

FLUSHING

State

NY

Zip Code

11368-1520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST. JOHN ENTERPRIZES INC.

Occupation  
GENERAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209777

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES P. ST. LAURENT

Mailing Address 12727 KINGSRIDE LANE

City

HOUSTON

State

TX

Zip Code

77024-4007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230159

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 931 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN STACK

Mailing Address 6538 W 133RD TER

City

OVERLAND PARK

State

KS

Zip Code

66209-4078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216859

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WAYNE C. STAHLY

Mailing Address 1100 SCENIC LANE

City

LINCOLN

State

NE

Zip Code

68505-2163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215268

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WAYNE C. STAHLY

Mailing Address 1100 SCENIC LANE

City

LINCOLN

State

NE

Zip Code

68505-2163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233276

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 932 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DIANE G. STAI

Mailing Address 1286 CHERRY SPRING RD

City

FREDERICKSBURG

State

TX

Zip Code

78624-6270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245646

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. TRACEY STALL

Mailing Address 12398 CLOUDBERRY LN

City

KETCHIKAN

State

AK

Zip Code

99901-9325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KETCHIKAN GEN HOSPITAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RN

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13226907

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DORIS C. STAMM

Mailing Address 725 LAKE STREET

City

MARBLEHEAD

State

OH

Zip Code

43440-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218439

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 933 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CHRISTINE E. STANEK

Mailing Address 5416 305TH ST

City

TOLEDO

State

OH

Zip Code

43611-2659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FRIENDSHIP PARK COMMUNITY  
CENTER

Occupation

CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228154

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RAY STARBUCK

Mailing Address 172 ROOSEVELT AVE

City

SALEM

State

OH

Zip Code

44460-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241443

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RAY STARBUCK

Mailing Address 172 ROOSEVELT AVE

City

SALEM

State

OH

Zip Code

44460-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243102

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 934 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOHN STARR

Mailing Address 10599 N TATUM BLVD STE. F 150

City

SCOTTSDALE

State

AZ

Zip Code

85253-1053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AZ ARTHRITIS & RHEUMATOLOGY

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206354

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID H. STASHIK

Mailing Address 1507 EDITH STREET

City

BERKELEY

State

CA

Zip Code

94703-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13238683

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ROBERT L. STEELE

Mailing Address 1865 SUPERIOR RD

City

YPSILANTI

State

MI

Zip Code

48198-9645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13231764

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 935 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROGER D. STEELE

Mailing Address 244 N VALLEY CENTER AVE

City

GLENDORA

State

CA

Zip Code

91741-3069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246029

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. STEELE

Mailing Address 337 NORMAN DR.

City

CRANBERRY TOWNSHIP

State

PA

Zip Code

16066-4240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242501

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JON L. STEENSON

Mailing Address 5026 E STATE ST

City

HERMITAGE

State

PA

Zip Code

16148-9449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SALES/SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214675

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

315.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 936 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES STEGALL

Mailing Address N2144 COUNTY RD S

City

ANTIGO

State

WI

Zip Code

54409-8950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STEGALL LOGGING INC.

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	9

Transaction ID: SA11.13238241

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JERROD STEIN

Mailing Address 901 DELONG ST

City

PICKERINGTON

State

OH

Zip Code

43147-9395

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	9

Transaction ID: SA11.13243063

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. SHELDON H. STEINER

Mailing Address 7339 EL CAJON BLVD STE H

City

LA MESA

State

CA

Zip Code

91942-7435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: SA11.13225108

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

430.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 937 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MISS BEATRICE M. STELLE

Mailing Address 2317 KENWOOD AVE

City

WILLIAMSPORT

State

PA

Zip Code

17701-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214655

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MISS BEATRICE M. STELLE

Mailing Address 2317 KENWOOD AVE

City

WILLIAMSPORT

State

PA

Zip Code

17701-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227708

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. PER S. STENSBY

Mailing Address P.O. BOX 1739

City

NEW LONDON

State

NH

Zip Code

03257-1739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226577

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 938 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY S. STEVENS

Mailing Address 706 WAUKEGAN ROAD  
APT 203

City State Zip Code  
GLENVIEW IL 60025-4366

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217553

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. IMOGENE STEVENS

Mailing Address 22911 MIRIAM WAY

City State Zip Code  
GRAND TERRACE CA 92313-5222

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239917

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOAN STEVENSON

Mailing Address 2724 PEACHTREE RD.N.W.

City State Zip Code  
ATLANTA GA 30305-2998

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238245

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 939 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM P. STEVENS, JR.

Mailing Address 4275 OWENS RD  
APT 115

City State Zip Code  
EVANS GA 30809-3064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225909

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAY STILLMAN

Mailing Address 6426 MEADOW OAK DRIVE

City State Zip Code  
GEORGETOWN IN 47122-8717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231278

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RUTH ANN STILLER

Mailing Address 745 SUNRIDGE RD

City State Zip Code  
FAIRLAWN OH 44333-3278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241384

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 940 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ALDEN E. STILSON, JR.

Mailing Address 177 GLYN CARIN LN

City

GRANVILLE

State

OH

Zip Code

43023-9018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225608

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. MICHAEL STITELY

Mailing Address OBSTETRICS & GYNECOLOGY WVU  
P.O. BOX 9186

City

MORGANTOWN

State

WV

Zip Code

26506-9186

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13237280

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LTCOL EUGENE STOCKEL

Mailing Address 7207 HICKORY ST.

City

FALLS CHURCH

State

VA

Zip Code

22043-3046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238253

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 941 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MR. NATE STOCK

Mailing Address 19108 PACIFIC COAST HWY.

City

MALIBU

State

CA

Zip Code

90265-5407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PROPERTY MANAGEMENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233265

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM K. STOCKDALE

Mailing Address 2424 CRYSTAL RIVER COURT

City

LAS VEGAS

State

NV

Zip Code

89128-7464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214460

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. KATHLEEN STOKES

Mailing Address 6930 PARKWOOD BLVD

City

FRISCO

State

TX

Zip Code

75034-7441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209274

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 942 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BENNY STONE

Mailing Address 928 N MAIN ST

City

MONTICELLO

State

AR

Zip Code

71655-4228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13234767

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MAJ. DONALD S. STONE

Mailing Address 1144 HARDSCRABBLE RD

City

CASSVILLE

State

NY

Zip Code

13318-1302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215768

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MAJ. DONALD S. STONE

Mailing Address 1144 HARDSCRABBLE RD

City

CASSVILLE

State

NY

Zip Code

13318-1302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225334

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 943 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MAJ. DONALD S. STONE

Mailing Address 1144 HARDCRABBLE RD

City

CASSVILLE

State

NY

Zip Code

13318-1302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13242760

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JOAN A. STONE

Mailing Address 707 RIDGEWOOD RD

City

MIDDLETOWN

State

CT

Zip Code

06457-1743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204818

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LLOYD STONE

Mailing Address RR 2 BOX 7

City

CHANDLERVILLE

State

IL

Zip Code

62627-9802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LLOYD STONE FARMS

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246023

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 944 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL W. STONE

Mailing Address 4588 WEDGEWOOD DR.

City

ROY

State

UT

Zip Code

84067-3673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220360

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. AUDIE STOREY

Mailing Address 291 HEATHER LN

City

HOWARD

State

CO

Zip Code

81233-9615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13203196

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RICHARD HAMILTON STOTTS

Mailing Address 2673 FRONTIER

City

SPRING BRANCH

State

TX

Zip Code

78070-5940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOOZ ALLEN HAMILTON

Occupation  
DEFENSE CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244671

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

390.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 945 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. RUTH O. STOVER

Mailing Address 3223 WOOD DALE ROAD

City

CHESTER

State

VA

Zip Code

23831-2048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214435

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ADA A. STRASENBURGH

Mailing Address P.O. BOX 608

City

OCEAN VIEW

State

NJ

Zip Code

08230-0608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219358

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HERBERT STRATTON

Mailing Address 2985 FOUR MILE DRIVE  
ROOM 17

City

MONTOURSVILLE

State

PA

Zip Code

17754-9323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218982

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 946 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. GRETCHEN E. STRAUSS

Mailing Address 1269 NATIONAL ROAD  
APT 19

City State Zip Code  
WHEELING WV 26003-5724

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235376

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. LISA K. STRAWSER

Mailing Address 1020 THOMPSON ST

City State Zip Code  
JERSEY SHORE PA 17740-1729

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13226772

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CHRISTINE M. STREET

Mailing Address 386 POLK ST NW

City State Zip Code  
MARIETTA GA 30064-2308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224371

Amount of Each Receipt this Period

720.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 947 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ELIZABETH STREET

Mailing Address 574 CHURCH ST NE

City

MARIETTA

State

GA

Zip Code

30060-1358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Transaction ID: SA11.13217589

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DON STRETESKY

Mailing Address 14750 COUNTY ROAD 61

City

JULESBURG

State

CO

Zip Code

80737-9623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Transaction ID: SA11.13217538

Amount of Each Receipt this Period

115.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOHN M. STRONG

Mailing Address 1420 OCOTILLO DR  
STE B

City

EL CENTRO

State

CA

Zip Code

92243-4251

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JOHN M STRONG-FAMILY PR

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Transaction ID: SA11.13216860

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

315.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 948 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN H. STROUP

Mailing Address 413 HUNTLY RD

City

LAS VEGAS

State

NV

Zip Code

89145-5159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13231837

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. KATHRYN STRUNK

Mailing Address 1020 HILLSDALE ST W

City

TILLAMOOK

State

OR

Zip Code

97141-9367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13212275

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ANTHONY L. STUART

Mailing Address 8 MUIRFIELD LANE

City

AMARILLO

State

TX

Zip Code

79124-4939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMARILLO ANESTHESIA ASSOC-  
IATES

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205355

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 949 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JAMES EB STUART V

Mailing Address 500 HIOAKS ROAD  
SUITE B

City State Zip Code  
RICHMOND VA 23225-4061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230715

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT D. STUART, JR.

Mailing Address 150 N. FIELD DRIVE  
SUITE 100

City State Zip Code  
LAKE FOREST IL 60045-4847

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NORTH STAR INVESTMENTS,  
INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INVESTOR

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13212727

Amount of Each Receipt this Period

17500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

COL. A F. STUHLREHER

Mailing Address 200 LAUREL LAKE DR.  
APT. W140

City State Zip Code  
HUDSON OH 44236-2132

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219161

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

18100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 950 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. E STYRON

Mailing Address PO BOX 100

City

ORIENTAL

State

NC

Zip Code

28571-0100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13231821

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ESTON STYRON

Mailing Address PO BOX 100

City

ORIENTAL

State

NC

Zip Code

28571-0100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229463

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DANIEL SUEZ

Mailing Address 1115 KINWEST PKWY  
SUITE 100

City

IRVING

State

TX

Zip Code

75063-3414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASTHMA & CLINICAL IMMUNOL-  
OGY CLINIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13226771

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 951 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH D. SULLIVAN

Mailing Address 200 FORESTVIEW DR.

City

ELGIN

State

IL

Zip Code

60120-7571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13247055

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

K. S. SULLINS

Mailing Address 3948 MARQUETTE ST.

City

DALLAS

State

TX

Zip Code

75225-5431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209633

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MARIAN SULLIVANS

Mailing Address 3101 NORTH FOURTH AVENUE P.O. BOX

City

SIOUX FALLS

State

SD

Zip Code

57117-5361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235120

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 952 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RONALD E. SULLIVAN

Mailing Address 903 N DUPONT RD

City

WILMINGTON

State

DE

Zip Code

19807-2962

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BUSINESS TRANSFORMATIONS

Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13221306

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TIM SULLIVAN

Mailing Address 264 LORRIE WAY

City

DE PERE

State

WI

Zip Code

54115-3446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HIDDEN GEM COTTAGES

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245416

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. MARIETTA A. SUMAQUIAL

Mailing Address 6528 BROOK HOLLOW CIR

City

STOCKTON

State

CA

Zip Code

95219-2437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210500

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 953 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA SUMMERS

Mailing Address 6760 BRIDGE WAY

City

COLUMBUS

State

GA

Zip Code

31904-1371

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEPARTMENT OF ARMY

Occupation

HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217313

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SUE T. SUMMERS

Mailing Address 3115 DENWOOD LN

City

ROCK HILL

State

SC

Zip Code

29732-9606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240302

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT SUNDERLAND

Mailing Address 953 PYRITE AVE

City

HENDERSON

State

NV

Zip Code

89011-3059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2125.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226616

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

570.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 954 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT SUNDERLAND

Mailing Address 953 PYRITE AVE

City

HENDERSON

State

NV

Zip Code

89011-3059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2125.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	8		2	0	0	9

Transaction ID: SA11.13227774

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT SURPRISE

Mailing Address 10720 AMES STREET

City

FAIRFAX

State

VA

Zip Code

22032-2203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MANTECH INT'LOccupation  
SECURITY TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	0	9

Transaction ID: SA11.13224816

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE B. SUTER

Mailing Address 2580 GREENWOOD ACRES DR

City

DEKALB

State

IL

Zip Code

60115-4913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE SUTER COOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	9

Transaction ID: SA11.13207568

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1260.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 955 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SHIRLEE A. SUTER

Mailing Address 89 E BACK BAY RD

City

BOWLING GREEN

State

OH

Zip Code

43402-9228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219359

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

THOMAS SUTHERLAND

Mailing Address 10930 ELK HORN RUN

City

LITTLETON

State

CO

Zip Code

80125-9297

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMSC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ACCOUNTANT

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13213657

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWIN J. SUTPHIN

Mailing Address 2621 W. 69TH AVENUE

City

ANCHORAGE

State

AK

Zip Code

99502-2239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

267.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210972

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 956 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MR. KERMIT S. SUTTON

Mailing Address 715 10TH STREET S.

City

**NAPLES**

State

**FL**

Zip Code

**34102-6725**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1250.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 2 / 1 8 / 2 0 0 9**

Transaction ID: SA11.13225297

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARY TURNER SVENDSON

Mailing Address 1919 WOODLAND DRIVE

City

**BATON ROUGE**

State

**LA**

Zip Code

**70808-1936**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
BUSINESS INVESTMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**19000.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 2 / 2 9 / 2 0 0 9**

Transaction ID: SA11.13250463

Amount of Each Receipt this Period

**10000.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM D. SWAIM

Mailing Address 2768 W. CASAS DRIVE

City

**TUCSON**

State

**AZ**

Zip Code

**85742-9777**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 2 / 0 2 / 2 0 0 9**

Transaction ID: SA11.13206785

Amount of Each Receipt this Period

**120.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**10370.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 957 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT D. SWANEY

Mailing Address 62515 STENKAMP RD.

City

BEND

State

OR

Zip Code

97701-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PROGRAMMER/CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240520

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CAL SWANSON

Mailing Address 6374 WELLESLEY CT

City

SAN DIEGO

State

CA

Zip Code

92122-2342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205544

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH D. SWANSON

Mailing Address 17211 VALLEY DR

City

OMAHA

State

NE

Zip Code

68130-2270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239201

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 958 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. VAL JEAN SWANSON

Mailing Address 1338 W. MCKINLEY AVENUE

City

POMONA

State

CA

Zip Code

91768-1444

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. PAUL'S LUTH. CHURCH

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207075

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARILYN M. SWARD

Mailing Address P.O. BOX 954

City

COTTONWOOD

State

AZ

Zip Code

86326-0954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233773

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARION H. SWARTHOUT

Mailing Address 3486 BAHIA BLANCA W.  
UNIT 1G

City

LAGUNA WOODS

State

CA

Zip Code

92637-2849

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13244002

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 959 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MICHAELNE SWARTZ

Mailing Address 113 LANDSDOWN

City

WILLIAMSBURG

State

VA

Zip Code

23188-7425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245463

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARGARET SWAYNE

Mailing Address 1515 SHASTA DR  
APT 2101

City

DAVIS

State

CA

Zip Code

95616-6680

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

814.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216871

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DENNIS M. SWEENEY

Mailing Address 1100 SURF RD  
APT 209

City

SINGER ISLAND

State

FL

Zip Code

33404-3853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216601

Amount of Each Receipt this Period

109.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

469.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 960 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. LOIS SWEET

Mailing Address 13735 W. NATIONAL AVENUE  
APT. 337

City State Zip Code  
NEW BERLIN WI 53151-4593

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218762

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LOIS SWEET

Mailing Address 13735 W. NATIONAL AVENUE  
APT. 337

City State Zip Code  
NEW BERLIN WI 53151-4593

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235927

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT L. SWICK

Mailing Address 14136 BLUEBIRD LANE

City State Zip Code  
HOUSTON TX 77079-6836

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13235453

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 961 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. FREDERICK K. SWIGER, JR.

Mailing Address 2003 HASSELEG CREEK RD SW

City

ROME

State

GA

Zip Code

30165-2723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTH EASTERN PATHOLOGY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218551

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KELLY F. SWINDLE

Mailing Address 3622 S. YORKTOWN AVENUE

City

TULSA

State

OK

Zip Code

74105-8144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AVITROL CORP

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214364

Amount of Each Receipt this Period

410.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JAMES D. SYNNOTT

Mailing Address 748 W 43RD ST

City

HOUSTON

State

TX

Zip Code

77018-4402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236649

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

710.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 962 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
DR. GREGORY SZARNECKI

Mailing Address 311 N KEENE ST

City	State	Zip Code
COLUMBIA	MO	65201-6623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216631

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. TONY TAGG

Mailing Address 14564 98TH PL

City	State	Zip Code
LIVE OAK	FL	32060-6206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: SA11.13227666

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
DR. LEIV TAKLE

Mailing Address 646 S 8TH ST

City	State	Zip Code
GRIFFIN	GA	30224-4214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GRIFFIN EYE CLINICOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13217023

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

510.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 963 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CECIL J. TALBOT

Mailing Address 922 SW 2ND AVE

City

OAK HARBOR

State

WA

Zip Code

98277-5307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208704

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. NEIL TALUBA

Mailing Address 131 POCONO PARK

City

PLAINS

State

PA

Zip Code

18702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204805

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DOMINIC G. TANZI

Mailing Address 1162 WISTERIA DR.

City

MINDEN

State

NV

Zip Code

89423-5124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241427

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 964 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARGARET A. TAPLIN

Mailing Address 3030 BELLE CHASE BLVD

City

KALAMAZOO

State

MI

Zip Code

49009-7987

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
EMS

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229472

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WALTER A. TATE

Mailing Address 9225 TALBERT AVE

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-4440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

506.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227620

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA TAYLOR

Mailing Address 2 RIVER BEND CIRCLE

City

EXETER

State

NH

Zip Code

03833-4003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
ATTORNEY

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13296425

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 965 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA TAYLOR

Mailing Address 2 RIVER BEND CIRCLE

City

EXETER

State

NH

Zip Code

03833-4003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 9

Transaction ID: SA11.13296439

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA TAYLOR

Mailing Address 2 RIVER BEND CIRCLE

City

EXETER

State

NH

Zip Code

03833-4003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13296461

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CAMPBELL TAYLOR, JR.

Mailing Address 4494 COUNTY RD 15

City

MARENGO

State

OH

Zip Code

43334-9400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205280

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 966 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CAMPBELL TAYLOR, JR.

Mailing Address 4494 COUNTY RD 15

City

MARENGO

State

OH

Zip Code

43334-9400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240295

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRED B. TAYLOR

Mailing Address 33 NICHOLAS DRIVE

City

ROME

State

GA

Zip Code

30165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FBT ENTERPRISES

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229529

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GARY L. TAYLOR

Mailing Address 4568 GRANGER ROAD

City

AKRON

State

OH

Zip Code

44333-1310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFOCISION MANAGEMENT

Occupation  
PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13232224

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3040.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 967 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JEAN M. TAYLOR

Mailing Address 535 HARVARD STREET

City

WHITMAN

State

MA

Zip Code

02382-2321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207495

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN H. TAYLOR

Mailing Address 15 COBBLESTONE COURT

City

ORCHARD PARK

State

NY

Zip Code

14127-3905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231397

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KENNETH E. TAYLOR

Mailing Address 19510 ARGYLE OVAL

City

ROCKY RIVER

State

OH

Zip Code

44116-1604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OHIO CAT

Occupation  
BUSINESS EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13221176

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1275.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 968 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LINDA F. TAYLOR

Mailing Address 1003 NW SHATTUCK WAY  
APT 233City State Zip Code  
GRESHAM OR 97030-3760FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	9

Transaction ID: SA11.13206558

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD TAYLOR

Mailing Address 1600 WESTOVER LN

City State Zip Code  
MANSFIELD OH 44906-3346FEC ID number of contributing  
federal political committee.**C**Name of Employer  
TAYLOR METAL PRODUCTS CO.Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	9

Transaction ID: SA11.13215900

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM C. TAYLOR

Mailing Address 1688 PREAKNESS DR

City State Zip Code  
GAMBRILLS MD 21054-1152FEC ID number of contributing  
federal political committee.**C**Name of Employer  
BT CONSULTS LLCOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	9

Transaction ID: SA11.13206300

Amount of Each Receipt this Period

125.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

355.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 969 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM C. TAYLOR

Mailing Address 1688 PREAKNESS DR

City

GAMBRILLS

State

MD

Zip Code

21054-1152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BT CONSULTS LLC

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246994

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILFRED E. TAYLOR

Mailing Address 14500 WOODLAND HILLS DR

City

RED BLUFF

State

CA

Zip Code

96080-9526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13208220

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HAROLD A. TEETER

Mailing Address P.O. BOX 728

City

LA LUZ

State

NM

Zip Code

88337-0728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220580

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 970 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. LARRY TEGELER

Mailing Address P.O. BOX 163

City

MEADOW GROVE

State

NE

Zip Code

68752-0163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241118

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOHN M. TEMPLETON, JR.

Mailing Address 601 PEMBROKE ROAD

City

BRYN MAWR

State

PA

Zip Code

19010-3613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JOHN TEMPLETON FOUNDATION

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13263171

Amount of Each Receipt this Period

28500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JOSEPHINE J. TEMPLETON

Mailing Address 601 PEMBROKE ROAD

City

BRYN MAWR

State

PA

Zip Code

19010-3613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHILDREN ASSOC.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242561

Amount of Each Receipt this Period

28500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

57200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 971 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. ROMULO C. TENGCO**

Mailing Address **445 WHITE HORSE AVE STE 100**

City State Zip Code  
**TRENTON NJ 08610-1409**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 02 / 2009**

Transaction ID: SA11.13204857

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM A. TERHUNE**

Mailing Address **15925 E. SHORE DR.**

City State Zip Code  
**LYNNWOOD WA 98087-6626**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TECH AEROSPACE**

Occupation

**MACHINIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**12 / 10 / 2009**

Transaction ID: SA11.13214439

Amount of Each Receipt this Period

**210.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES A. TEVERPAUCH, JR.**

Mailing Address **P.O. BOX 1859**

City State Zip Code  
**HUNTSVILLE AL 35807-0859**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LOCKHEED MARTIN**

Occupation

**VICE PRESIDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**12 / 15 / 2009**

Transaction ID: SA11.13222613

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**710.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 972 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARLYS THEDINGER

Mailing Address 3000 ASHLAND AVE

City

SAINT JOSEPH

State

MO

Zip Code

64506-1502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	9

Transaction ID: SA11.13238293

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. PATRICIA THERYOUNG

Mailing Address 11209 ORANGE HIBISCUS LN

City

PALM BEACH GARDENS

State

FL

Zip Code

33418-1515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	9

Transaction ID: SA11.13220315

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR DEBORA THOMAS

Mailing Address 13943 N 91ST AVE  
SUITE C

City

PEORIA

State

AZ

Zip Code

85381-3688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216592

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

620.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 973 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

N L. THOMAS

Mailing Address 700 N DOBSON RD

City

CHANDLER

State

AZ

Zip Code

85224-6938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244460

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

NORMAN D. THOMAS

Mailing Address 766 W NORTH LINKS DR

City

WASHINGTON

State

UT

Zip Code

84780-8522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219481

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALLEN L. THOMPSON, SR.

Mailing Address 421 W. LINDO AVENUE

City

CHICO

State

CA

Zip Code

95926-2169

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239178

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 974 / 1281  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. ELLIOTT THOMPSON**

Mailing Address **2652 COPA DE ORO DR**

City State Zip Code  
**LOS ALAMITOS CA 90720-4910**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**12 / 03 / 2009**

Transaction ID: SA11.13206316

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. J STARK THOMPSON**

Mailing Address **103 IRONSTONE LANE**

City State Zip Code  
**KENNETT SQUARE PA 19348-2597**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 29 / 2009**

Transaction ID: SA11.13243303

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES A. THOMPSON**

Mailing Address **1136 MAYLAND LANE**

City State Zip Code  
**BIRMINGHAM AL 35216-2228**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**12 / 07 / 2009**

Transaction ID: SA11.13209679

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**400.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 975 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NELSON THOMPSON

Mailing Address 280 1/2 BALL GAP RD.

City

ARDEN

State

NC

Zip Code

28704-8749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	9	

Transaction ID: SA11.13231159

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. PAUL A. THOMPSON

Mailing Address 5009 COLLEGE AVE

City

SNYDER

State

TX

Zip Code

79549-6109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COVENANT MEDICAL GROUPOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	9	

Transaction ID: SA11.13296489

Amount of Each Receipt this Period

-500.00

CONTRIBUTION

CHARGED BACK

**C.**

Full Name (Last, First, Middle Initial)

MS. RACHEL THOMPSON

Mailing Address 7400 FANNIN STREET #1050

City

HOUSTON

State

TX

Zip Code

77054-1933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: SA11.13245756

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

50.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 976 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RONALD L. THOMPSON

Mailing Address 1011 KEYHOLE COVE

City

GREENWOOD

State

IN

Zip Code

46142-5116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NK AMERICAN

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217739

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. RUTH B. THOMPSON

Mailing Address 80 MOUNT VERNON DR

City

WATERVILLE

State

OH

Zip Code

43566-1484

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243289

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SYLCIA F. THOMPSON

Mailing Address 26 THAYER AVENUE

City

WEYMOUTH

State

MA

Zip Code

02188-1516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220935

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

215.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 977 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. WILLARD C. THOMPSON

Mailing Address 721 GROVE ST

City

SALISBURY

State

NC

Zip Code

28144-3339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217520

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. LAWRENCE G. THORNE

Mailing Address 4710 BELLAIRE BLVD  
SUITE 200

City

BELLAIRE

State

TX

Zip Code

77401-4505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCGOVERN ALLERGY CLINIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217139

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CARL THORSEN

Mailing Address 3906 ASPEN STREET

City

CHEVY CHASE

State

MD

Zip Code

20815-5061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN CONTINENTAL GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PARTNER

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229877

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 978 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LES THRASHER

Mailing Address 10629 HERITAGE HILLS DR.

City

LAS VEGAS

State

NV

Zip Code

89134-5214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220542

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CATHERINE I. THREET

Mailing Address 150 GESSNER ROAD

City

HOUSTON

State

TX

Zip Code

77024-6149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205493

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. P. THUMMEL

Mailing Address 5643 SUTTON PT N.

City

CONESUS

State

NY

Zip Code

14435-9320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST ANNS

Occupation  
V.P. HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13234569

Amount of Each Receipt this Period

115.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

665.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 979 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JIM THURMAN

Mailing Address 5936 BROADWAY AVE

City

GREAT BEND

State

KS

Zip Code

67530-3177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228794

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BENJAMIN K. TICE

Mailing Address 6281 BELLERIVE AVE

City

NAPLES

State

FL

Zip Code

34119-4716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217317

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WALTER E. TIEDEMAN

Mailing Address 11378 EARLYWOOD DR

City

DALLAS

State

TX

Zip Code

75218-1320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRESTON TV INC

Occupation  
TV REPAIR TECH.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239005

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 980 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HENRY J. TILLEY

Mailing Address 1137 WHISPER LAKE BLVD

City

SEBRING

State

FL

Zip Code

33870-1247

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242106

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. THELMA E. TIMMER

Mailing Address 8740 KARI LANE SW

City

BYRON CENTER

State

MI

Zip Code

49315-9249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13229268

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM C. TIMMERMEISTER

Mailing Address 2100 N CABLE ROAD

City

LIMA

State

OH

Zip Code

45805-1224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIMA AUTO MALL INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

AUTO DEALER

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241129

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 981 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOSEPH TIRALLA

Mailing Address 2805 ADELINA ROAD

City

PRINCE FREDERICK

State

MD

Zip Code

20678-4739

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: SA11.13245754

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SAMUEL C. TOBIAS

Mailing Address P.O. BOX 68

City

BRIDGE CITY

State

TX

Zip Code

77611-0068

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	0		2	0	9	

Transaction ID: SA11.13213628

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SAMUEL C. TOBIAS

Mailing Address P.O. BOX 68

City

BRIDGE CITY

State

TX

Zip Code

77611-0068

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	1		2	0	9	

Transaction ID: SA11.13230042

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 982 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA TOMAN

Mailing Address 1313 EAST COAST DRIVE

City

ATLANTIC BEACH

State

FL

Zip Code

32233-5521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210850

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JAMES TOMIC

Mailing Address 6308 8TH AVE

City

KENOSHA

State

WI

Zip Code

53143-5031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED HOSPITAL SYSTEM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217207

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JERRY B. TOMLIN

Mailing Address 13810 IVYMOUNT DR

City

SUGAR LAND

State

TX

Zip Code

77498-2416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOMLIN CONSULTANTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ENGINEER

Aggregate Year-to-Date ▼

244.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13213501

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 983 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JERRY B. TOMLIN

Mailing Address 13810 IVYMOUNT DR

City

SUGAR LAND

State

TX

Zip Code

77498-2416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOMLIN CONSULTANTS

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.90

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238324

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GREGORY S. TORRANCE

Mailing Address 720 W 30TH ST.

City

TEXARKANA

State

TX

Zip Code

75503-4054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13238740

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE C. TOSTEVIN

Mailing Address 12555 37TH AVENUE NE

City

SEATTLE

State

WA

Zip Code

98125-4654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233775

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 984 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. FRANCES A. TOWEY

Mailing Address 270 HIGH BRANCH WAY

City

ROSWELL

State

GA

Zip Code

30075-6710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MICALE TRAINING CORPORATI-  
ON

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13227169

Amount of Each Receipt this Period

16.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. DANA TOWLE

Mailing Address 4444 N BELLEVIEW AVE  
STE 204

City

KANSAS CITY

State

MO

Zip Code

64116-1507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13226765

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. HELEN M. TOWNES

Mailing Address 10710 DEL REY AVENUE NE

City

ALBUQUERQUE

State

NM

Zip Code

87122-3516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243313

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

426.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 985 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. T TOWNE

Mailing Address 8000 WOLF RIVER BLVD  
# 200

City

MEMPHIS

State

TN

Zip Code

38138-1755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEMPHIS GASTROENTEROLOGY  
GROUPOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13226714

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LONG KIM TRAN

Mailing Address 2121 S. 64TH STREET

City

PHILADELPHIA

State

PA

Zip Code

19142-2026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NREK RESTAURANTOccupation  
DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244592

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER M. TRAVERS

Mailing Address 15 DOUGLAS RD

City

MORRISTOWN

State

NJ

Zip Code

07960-7024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215187

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

575.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 986 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LISA TRDOSLAVIC

Mailing Address 72-94 CALAMUS AVENUE

City

WOODSIDE

State

NY

Zip Code

11377-7644

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAZARD CAPITAL MARKETS

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13206991

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RAYMOND C. TREMONT

Mailing Address 200 RUE SAINT PETER

City

METAIRIE

State

LA

Zip Code

70005-3470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222359

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ANTOINETTE M. TREPANIER

Mailing Address 28377 GROTON TOWN RD

City

HALLWOOD

State

VA

Zip Code

23359-2403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COLDWELL BANKER HARBOUR  
REALTY

Occupation  
SALES ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209860

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 987 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALFRED TRIEFUS

Mailing Address 1266 S VINE ST

City

DENVER

State

CO

Zip Code

80210-1820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PLATTE ANCHOR BOLT

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216516

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GERALD TROLZ

Mailing Address 3714 BENT OAK TRAIL

City

ELKHART

State

IN

Zip Code

46517-3871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GASHER STAMPING COMPANY

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239999

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOHN TROTTER

Mailing Address 20905 GREENFIELD RD  
# 303

City

SOUTHFIELD

State

MI

Zip Code

48075-5347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217449

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

810.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 988 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DERL A. TROUTMAN

Mailing Address 65513 HIGHLAND HILLS RD

City

CAMBRIDGE

State

OH

Zip Code

43725-9657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

379.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207817

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID L. TRUE

Mailing Address 5880 SOUTH POPLAR STREET

City

CASPER

State

WY

Zip Code

82601-6210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRUE DRILLING LLC

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13251780

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID L. TRUE

Mailing Address 5880 SOUTH POPLAR STREET

City

CASPER

State

WY

Zip Code

82601-6210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRUE DRILLING LLC

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13251783

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1575.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 989 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HENRY A. TRUE, III

Mailing Address PO DRAWER 2360

City

CASPER

State

WY

Zip Code

82602-2360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EIGHTY-EIGHT OIL LLC

Occupation

BUSINESSMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13251781

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HENRY A. TRUE, III

Mailing Address PO DRAWER 2360

City

CASPER

State

WY

Zip Code

82602-2360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EIGHTY-EIGHT OIL LLC

Occupation

BUSINESSMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13251782

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. EDITH C. TRUSLER

Mailing Address 296 NISQUALLY PLACE

City

LA CONNER

State

WA

Zip Code

98257-9608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243096

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1540.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 990 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARY TRYON

Mailing Address 1808 OAK PARK BLVD APT 36

City

PLEASANT HILL

State

CA

Zip Code

94523-4485

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STATE OF CA

Occupation

EXEC ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13215031

Amount of Each Receipt this Period

415.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MORDOKHAY I. TSIMRING

Mailing Address 2542 E 11TH STREET APT 1

City

BROOKLYN

State

NY

Zip Code

11235-5012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219474

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT TUCKER

Mailing Address 5154 PINE LAKE RD

City

WESLEY CHAPEL

State

FL

Zip Code

33543-4459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236897

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

755.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 991 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARY TULL

Mailing Address 215 W. DRIFTWOOD DRIVE

City

FREDERICKSBURG

State

TX

Zip Code

78624-2945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13238889

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR DAVID L. TURFLER

Mailing Address PO BOX 770

City

HAZLEHURST

State

GA

Zip Code

31539-0770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216586

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DAVID SETH TURKEN

Mailing Address 152 S WETHERLY DR

City

BEVERLY HILLS

State

CA

Zip Code

90211-2514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF SOUTHERN CA-  
LIFOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN/FACULTY

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244448

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 992 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. KATHLEEN V. TURLEY

Mailing Address 8826 APPLESEED DRIVE

City

CINCINNATI

State

OH

Zip Code

45249-1777

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226626

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. KENNTH TURLEY

Mailing Address MAIN

City

POCATELLO

State

ID

Zip Code

83201-3034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IDAHO EYE CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210519

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ANN LEE TURNER

Mailing Address P.O. BOX 7163

City

BRANSON

State

MO

Zip Code

65615-7163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13234729

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

390.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 993 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FRED L. TURNER

Mailing Address 1570 WOODVALE AVE

City

DEERFIELD

State

IL

Zip Code

60015-2351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210656

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. NANCY S. TURNER

Mailing Address PO BOX 987

City

VALLEY FORGE

State

PA

Zip Code

19482-0987

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13224993

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RODNEY S. TURNER

Mailing Address 196 LOOP RD

City

ELKTON

State

VA

Zip Code

22827-4529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COORS BREWING COMPANY

Occupation  
FACTORY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13246985

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 994 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TERRY D. TURNER

Mailing Address 1684 N BOGEY PT

City

HERNANDO

State

FL

Zip Code

34442-6182

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Transaction ID: SA11.13231410

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. VERNON P. TURNER

Mailing Address 3536 N FEDERAL HWY APT 100

City

FORT LAUDERDALE

State

FL

Zip Code

33308-6264

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Transaction ID: SA11.13207155

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JAMES TURRENTINE

Mailing Address PO BOX 309

City

ARDMORE

State

OK

Zip Code

73402-0309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13217631

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 995 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ELIAS TUSZER

Mailing Address 53 BARNUM AVE

City

PLAINVIEW

State

NY

Zip Code

11803-5233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236137

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ROBERTA TUTTLE

Mailing Address 100 STILLWELL RD

City

LEONARDO

State

NJ

Zip Code

07737-1760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216977

Amount of Each Receipt this Period

310.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. KENNETH TYE

Mailing Address 1250 S SUNSET AVE # 202

City

WEST COVINA

State

CA

Zip Code

91790-3962

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13211865

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

920.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 996 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL E. TYLER

Mailing Address 258 RAVENSCLIFF RD

City

WAYNE

State

PA

Zip Code

19087-4732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215448

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. MICHAEL L. TYLER

Mailing Address 211 PLEASANT ST

City

MOUNT PLEASANT

State

TN

Zip Code

38474-1519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228619

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL B. TYNER

Mailing Address 3016 BELSPRING LN

City

RALEIGH

State

NC

Zip Code

27612-5229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARE SUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RN

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238299

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

435.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 997 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES TYRRELL

Mailing Address 6688 COUNTY ROAD 12

City

NAPLES

State

NY

Zip Code

14512-9773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INSURANCE SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	0	9

Transaction ID: SA11.13223622

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. EDWARD TYSON

Mailing Address 4613 DEE CAVES RD  
SUITE 204

City

AUSTIN

State

TX

Zip Code

78746-5207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Transaction ID: SA11.13217581

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. AMMAR M. ULAYYET

Mailing Address 2511 W. FERGUSON ROAD

City

MOUNT PLEASANT

State

TX

Zip Code

75455-2943

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TIGER MART

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	0	9

Transaction ID: SA11.13233285

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 998 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. IRMGARD A. ULLIUS

Mailing Address 2832 AIRPORT RD

City

PANAMA CITY

State

FL

Zip Code

32405-2850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Transaction ID: SA11.13238574

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. GAYETTE D. ULRICH

Mailing Address 5601 BON AIRE DRIVE

City

MONROE

State

LA

Zip Code

71203-3123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	9

Transaction ID: SA11.13214419

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS P. UNCINI

Mailing Address 11835 W WEGENER ROAD

City

HIBBING

State

MN

Zip Code

55746-4001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAKELAND PATHOLOGYOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	9

Transaction ID: SA11.13245016

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

710.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 999 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CALVIN K. UPP

Mailing Address 212 N. ELM STREET

City

WELLINGTON

State

KS

Zip Code

67152-2937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228527

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM K. URBAN

Mailing Address 6685 ROXBURY LN

City

MIAMI BEACH

State

FL

Zip Code

33141-4532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216963

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS W. USEDOM

Mailing Address 1860 VICENZA DRIVE

City

SPARKS

State

NV

Zip Code

89434-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244393

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1000 / 1281

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LEE USHER

Mailing Address 216 MOORE RD  
APT 2L

City State Zip Code  
AVON LAKE OH 44012-1240

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13214935

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD L. VAILL

Mailing Address 2545 BRUEN LANE

City State Zip Code  
EASTON PA 18040-8623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220301

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. KARL J. VALENTINE

Mailing Address 2754 BRANDON RD

City State Zip Code  
COLUMBUS OH 43221-3347

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AMERICAS URGENT CARE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13209378

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

VELDENE VALIS

Mailing Address 3950 E EVANS AVE

City

DENVER

State

CO

Zip Code

80210-4927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13228798

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN R. VAN BUSKIRK

Mailing Address 10240 E PALO BREA DR

City

SCOTTSDALE

State

AZ

Zip Code

85262-2929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227576

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

KARYL M. VAN BENTHUYSEN

Mailing Address 1000 SOUTHPARK DR

City

LITTLETON

State

CO

Zip Code

80120-5654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217486

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

525.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. CRAIG VAN DER VEER

Mailing Address 225 BALDWIN AVE

City

CHARLOTTE

State

NC

Zip Code

28204-3109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAROLINA NEUROSURGERY &  
SPINE CONSULTAOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Transaction ID: SA11.13226710

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN V. VAN DUYN

Mailing Address 22466 N RIPON RD

City

RIPON

State

CA

Zip Code

95366-9749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11.13247013

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MILDRED N. VAN GORDEN

Mailing Address 780 BROWN DRIVE

City

CHARLESTON

State

SC

Zip Code

29412-4505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

Transaction ID: SA11.13215804

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
DR. DANIEL VAN HAMERSVELD

Mailing Address 500 UNIVERSITY AVENUE

City State Zip Code  
SACRAMENTO CA 95825-6504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210501

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MRS. EDWARD VAN LEUVEN

Mailing Address 5380 N OCEAN DR  
APT. 6J

City State Zip Code  
WEST PALM BEACH FL 33404-2538

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13221285

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MRS. EDWARD VAN LEUVEN

Mailing Address 5380 N OCEAN DR  
APT. 6J

City State Zip Code  
WEST PALM BEACH FL 33404-2538

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13221286

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LEO VAN MUNCHING, JR.

Mailing Address 800 HOLLOW TREE RIDGE RD

City

DARIEN

State

CT

Zip Code

06820-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
IMPORTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218175

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. BETTY VANDERHEYDEN

Mailing Address 411 WOODFIELD DR

City

GREEN BAY

State

WI

Zip Code

54313-9564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241783

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM VANDENBELT

Mailing Address 3175 W PROFESSIONAL DR

City

BAY CITY

State

MI

Zip Code

48706-2823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214159

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. LOUIS E. VARELA

Mailing Address P.O. BOX 11810

City  
SPRING

State

TX

Zip Code

77391-1810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241033

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM R. VARNELL

Mailing Address 4803 SPENARD RD

City

ANCHORAGE

State

AK

Zip Code

99517-3239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13212016

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. BETSY VASQUEZ

Mailing Address 8912 GALLANT GREEN DR.

City

MCLEAN

State

VA

Zip Code

22102-1515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13247310

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. BETTY MCCOY VAUGHAN, JR.

Mailing Address 10102 WESTLEIGH DR SE

City

HUNTSVILLE

State

AL

Zip Code

35803-1647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210788

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KYLE N. VAUGHT

Mailing Address 5452 SIERRA ROJA RD

City

IRVINE

State

CA

Zip Code

92603-3830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222501

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. WILHELMINA M. VERBRUGGE

Mailing Address 1915 BAHIA WAY

City

LA JOLLA

State

CA

Zip Code

92037-7024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236482

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HAROLD L. VERITY

Mailing Address 284 SAXONY CT.

City

WINTER SPRINGS

State

FL

Zip Code

32708-4636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224577

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HAROLD L. VERITY

Mailing Address 284 SAXONY CT.

City

WINTER SPRINGS

State

FL

Zip Code

32708-4636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242551

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL A. VERMYLEN

Mailing Address 10 MOHEGAN TRL

City

SADDLE RIVER

State

NJ

Zip Code

07458-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243053

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DON ALLEN VERNON

Mailing Address 1448 SANTA LUISA DR

City

SOLANA BEACH

State

CA

Zip Code

92075-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225629

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. LEE J. VESPER

Mailing Address 1174 WATKINS HILL RD

City

NEW RICHMOND

State

OH

Zip Code

45157-9504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13242699

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CARLO VIGLIONE

Mailing Address 826 ASHBURY STREET

City

SAN FRANCISCO

State

CA

Zip Code

94117-4464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205560

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CARLO VIGLIONE

Mailing Address 826 ASHBURY STREET

City

SAN FRANCISCO

State

CA

Zip Code

94117-4464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209426

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CARLO VIGLIONE

Mailing Address 826 ASHBURY STREET

City

SAN FRANCISCO

State

CA

Zip Code

94117-4464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230193

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CARLO VIGLIONE

Mailing Address 826 ASHBURY STREET

City

SAN FRANCISCO

State

CA

Zip Code

94117-4464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231128

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS VILLANO

Mailing Address 11516 STARDUST LN

City

ELLICOTT CITY

State

MD

Zip Code

21042-1429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216716

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JEROME R. VINCENT

Mailing Address 135 SKYVIEW CIRCLE

City

ASHEVILLE

State

NC

Zip Code

28804-2763

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE HILTON CO.

Occupation

INSURANCE WORKER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240628

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DOMINIC A. VISCONSI, JR.

Mailing Address 30050 CHAGRIN BLVD.  
NO. 360

City

PEPPER PIKE

State

OH

Zip Code

44124-5716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VISCONSI COS. LTD.

Occupation

DEVELOPER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13223919

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LIEM T. VO

Mailing Address 20706 E. WALNUT CANYON ROAD

City

WALNUT

State

CA

Zip Code

91789-4420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOS ANGELES COUNTY

Occupation

ELIGIBILITY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207582

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. CHARLES D. VOGLER

Mailing Address 1312 OAKLAND DR  
# 7

City

KALAMAZOO

State

MI

Zip Code

49008-1205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDICAL DOCTORS ASSOCIATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13202875

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GEORGE VOLK

Mailing Address 28772 MAGNOLIA WAY

City

SANTA CLARITA

State

CA

Zip Code

91390-4130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
H2SCAN

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242531

Amount of Each Receipt this Period

270.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

870.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD VOLLKOMMER

Mailing Address 809 HIGHLAND AVENUE

City

PARAMUS

State

NJ

Zip Code

07652-3827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240362

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ELIZABETH VONDRACEK

Mailing Address 2386 VIA MARIPOSA W UNIT 2E

City

LAGUNA WOODS

State

CA

Zip Code

92637-2043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13230085

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS E. VOS

Mailing Address 32397 NOB HILL DR

City

AVON

State

MN

Zip Code

56310-9675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13221810

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. LINDA R. VOUGH**

Mailing Address **746 OAK HILL RD**

City State Zip Code  
**BARTON NY 13734-1710**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SOUTHERN TIER INSULATIONS**

Occupation  
**VP AND TREASURER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**560.00**

Date of Receipt

**12 / 16 / 2009**

Transaction ID: SA11.13224815

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. PATTI WADDELL**

Mailing Address **12080 MELLON BRIDGE RD**

City State Zip Code  
**PLATTE CITY MO 64079-8141**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HORTLAND HEALTH SYSTEMS**

Occupation  
**NURSE PRACTITIONER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**12 / 30 / 2009**

Transaction ID: SA11.13242467

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DR. DAVID S. WAGES**

Mailing Address **31 PINECONE LANE**

City State Zip Code  
**SOUTHBOROUGH MA 01772-1244**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**EMD SERGNO**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 30 / 2009**

Transaction ID: SA11.13242596

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**375.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. KATHRYN WAGNER

Mailing Address 9050 SYMMES VIEW CT

City

LOVELAND

State

OH

Zip Code

45140-9362

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	9

Transaction ID: SA11.13212212

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CLARA WALCH

Mailing Address 1875 CROWFOOT ROAD

City

EAGLE POINT

State

OR

Zip Code

97524-4500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: SA11.13237298

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. MICHAEL WALIGORA

Mailing Address 969 MAPLEWOOD RD

City

LAKE FOREST

State

IL

Zip Code

60045-2400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Transaction ID: SA11.13206974

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

690.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. NICHOLAS E. WALKER

Mailing Address 540 E JEFFERSON ST STE 400

City

IOWA CITY

State

IA

Zip Code

52245-2479

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229339

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MISS KATHALEEN WALL

Mailing Address P.O. BOX 42311

City

HOUSTON

State

TX

Zip Code

77242-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13218185

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOSIAH A. WALLACE, JR.

Mailing Address 4151 VILLA RIDGE CT  
UNIT 118

City

RAPID CITY

State

SD

Zip Code

57701-2395

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238292

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KENNETH C. WALLACE

Mailing Address 1840 FREEDOM DR.

City

MELBOURNE

State

FL

Zip Code

32940-6874

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220234

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARILYN WALLACE

Mailing Address 1223 S BLAKE RD

City

SPOKANE VALLEY

State

WA

Zip Code

99216-0429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207686

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DOROTHY SUE WALLEY

Mailing Address P.O. BOX 9675

City

FLEMING ISLAND

State

FL

Zip Code

32006-0032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207371

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

380.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM LLOYD WALSH**

Mailing Address **725 JENKINS ROAD**

City State Zip Code  
**ALEDO TX 76008-2426**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 22 / 2009**

Transaction ID: SA11.13233169

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. BRUCE K. WALTERS**

Mailing Address **133 HENRY ROAD**

City State Zip Code  
**WEST MONROE LA 71291-8435**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GLENWOOD HOSPITAL**

Occupation

**PHARMACIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**12 / 09 / 2009**

Transaction ID: SA11.13211534

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. BRUCE K. WALTERS**

Mailing Address **133 HENRY ROAD**

City State Zip Code  
**WEST MONROE LA 71291-8435**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GLENWOOD HOSPITAL**

Occupation

**PHARMACIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**12 / 23 / 2009**

Transaction ID: SA11.13250485

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**250.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FRANK D. WALTERSCHEID

Mailing Address 1323 DONNA CT

City

MERCED

State

CA

Zip Code

95340-0776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STATE OF CALIFORNIA

Occupation

POLICE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Transaction ID: SA11.13238698

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. G WALTERS

Mailing Address 818 SAINT SEBASTIAN WAY  
SUITE 311

City

AUGUSTA

State

GA

Zip Code

30901-2653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: SA11.13221003

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RONALD WALTER

Mailing Address 1069 S. ROAD RUNNER ROAD

City

ANAHEIM

State

CA

Zip Code

92807-4519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: SA11.13229783

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

450.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CRAIG A. WALTON

Mailing Address 1962 WATTLES DR

City

LOS ANGELES

State

CA

Zip Code

90046-2264

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245566

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JIM C. WALTON

Mailing Address 2550 M STREET, NW

City

WASHINGTON

State

DC

Zip Code

20037-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARVEST BANK GROUP, INC.

Occupation

CHAIRMAN AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13208364

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LYNNE WALTON

Mailing Address 308 NORTHEAST C. STREET

City

BENTONVILLE

State

AR

Zip Code

72712-5331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CORNER BOOKS STORE, INC.

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13208369

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

60950.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ADELE R. WARD

Mailing Address 6260 N WHALEBACK PL

City

TUCSON

State

AZ

Zip Code

85750-0857

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	9

Transaction ID: SA11.13207573

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. BARBARA H. WARD

Mailing Address 100 ACADEMY PLACE

City

SEWICKLEY

State

PA

Zip Code

15143-2061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Transaction ID: SA11.13226769

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOYCE E. WARD

Mailing Address 3465 S HAMPTON RD

City

OAK LEAF

State

TX

Zip Code

75154-6020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13217470

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

660.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
DR KATHLEEN WARD

Mailing Address 89 OLD CREEK RD

City State Zip Code  
PALOS PARK IL 60464-1414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217490

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MRS. NANCY WARGO

Mailing Address 4314 ASHLAND AVE.

City State Zip Code  
LORAIN OH 44053-2909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239027

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MRS. NANCY WARGO

Mailing Address 4314 ASHLAND AVE.

City State Zip Code  
LORAIN OH 44053-2909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239479

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAY WARNER

Mailing Address 4020 CORPORATE AVE

City

PLOVER

State

WI

Zip Code

54467-3561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Transaction ID: SA11.13226739

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ROBERT WASICZKO

Mailing Address 1729 BURRSTONE RD

City

NEW HARTFORD

State

NY

Zip Code

13413-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SLOCUM-DICKSONG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Transaction ID: SA11.13207109

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE H. WATKINS

Mailing Address 43 TAGGARD ROAD

City

WALPOLE

State

NH

Zip Code

03608-5039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	9

Transaction ID: SA11.13225426

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

475.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BILLY E. WATSON

Mailing Address 4412 LA PALOMA RD NW

City

ALBUQUERQUE

State

NM

Zip Code

87120-5359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	9	

Transaction ID: SA11.13212081

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BILLY E. WATSON

Mailing Address 4412 LA PALOMA RD NW

City

ALBUQUERQUE

State

NM

Zip Code

87120-5359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	9	

Transaction ID: SA11.13229926

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BILLY E. WATSON

Mailing Address 4412 LA PALOMA RD NW

City

ALBUQUERQUE

State

NM

Zip Code

87120-5359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	9	

Transaction ID: SA11.13241003

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

75.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CRAIG WATSON, III

Mailing Address 504 S. YORK ST.

City

GASTONIA

State

NC

Zip Code

28052-4038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WATSON INSURANCE AGENCY,  
INC.

Occupation

INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13205265

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GEORGE R. WATSON

Mailing Address 2209 W TIMBERCREEK CIR

City

WICHITA

State

KS

Zip Code

67204-2556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216611

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JENNIE E. WATSON

Mailing Address 15347 COUNTY RD J

City

MONTPELIER

State

OH

Zip Code

43543-9608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222210

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD WATSON

Mailing Address P.O. BOX 5909

City

YUMA

State

AZ

Zip Code

85366-5909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227272

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT F. WATSON

Mailing Address 4001 GULF SHORE BLVD N  
APARTMENT 604

City

NAPLES

State

FL

Zip Code

34103-3426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240422

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RONALD K. WATSON

Mailing Address 9109 IRVING AVENUE N.

City

MINNEAPOLIS

State

MN

Zip Code

55444-1210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209795

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RONALD K. WATSON

Mailing Address 9109 IRVING AVENUE N.

City

MINNEAPOLIS

State

MN

Zip Code

55444-1210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13234894

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RYAN WATSON

Mailing Address 330 JULIE CT.

City

CHATHAM

State

IL

Zip Code

62629-2029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLINICAL RADIOLOGIST, SC

Occupation  
RADIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13209379

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT WATT

Mailing Address 4170 WHITEWATER CREEK ROAD NW

City

ATLANTA

State

GA

Zip Code

30327-3945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229760

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT WATT

Mailing Address 4170 WHITEWATER CREEK ROAD NW

City

ATLANTA

State

GA

Zip Code

30327-3945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231261

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA C. WATTS

Mailing Address 4501 SUNBELT DR

City

ADDISON

State

TX

Zip Code

75001-5130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRACE ELEMENTS

Occupation  
ADMIN DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13213292

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STANLEY WAXBERG

Mailing Address 12168 LAKE MEADE DR.  
P.O. BOX 460407

City

SAINT LOUIS

State

MO

Zip Code

63146-7407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARRIETS SALES INC.

Occupation  
SALESMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240665

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. RONALD M. WAY**

Mailing Address **2245 A ST**

City State Zip Code  
**SANTA MARIA CA 93455-1008**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WASCO SALES & MARKETING,  
 INC.**

Occupation  
**PRESIDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**12 / 15 / 2009**

**Transaction ID: SA11.13217740**

Amount of Each Receipt this Period

**250.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. FRED A. WEAST**

Mailing Address **1682 S. COTTERELL WAY**

City State Zip Code  
**BOISE ID 83709-2568**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**411.00**

Date of Receipt

**12 / 31 / 2009**

**Transaction ID: SA11.13245401**

Amount of Each Receipt this Period

**150.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. LONNIE C. WEATHERBY**

Mailing Address **1463 SPRINGLEAF CIRCLE SE**

City State Zip Code  
**SMYRNA GA 30080-2403**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**D.A.V.**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**12 / 14 / 2009**

**Transaction ID: SA11.13220358**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**500.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ELIZABETH WEAVER

Mailing Address 432 PR 125

City

SAVOY

State

TX

Zip Code

75479-5134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INWOOD NATIONAL BANK

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217058

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM P. WEAVER, JR.

Mailing Address 512 HEIMER RD

City

SAN ANTONIO

State

TX

Zip Code

78232-5108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY AT LAW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242540

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER WEBB

Mailing Address 25146 LYNCASTLE ST.

City

FARMINGTON HILLS

State

MI

Zip Code

48336-1567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JERVIS B WEBB CO.

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208816

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

535.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM D. WEBB

Mailing Address 4421 CORDERO COURT

City

EL DORADO HILLS

State

CA

Zip Code

95762-7604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
OWNER

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13234189

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JUDITH M. WEBBER

Mailing Address 6996 CAMINO REVUELTOS

City

SAN DIEGO

State

CA

Zip Code

92111-7642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILLIS LEASE FINANCE CORP-  
ORATI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
TECHNICAL

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236364

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. GEORGE WEBER

Mailing Address 387 THEATRE RD

City

CARROLLTOWN

State

PA

Zip Code

15722-7805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONEMAUGH HEALTH INNIAT-  
IVES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216612

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SANDRA J. WEBER

Mailing Address P.O. BOX 36

City

OSAGE BEACH

State

MO

Zip Code

65065-0036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SANDRA WEBER & ASSOCIATES

Occupation

TAX ACCOUNTANT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233200

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. VICTORIA WEBER

Mailing Address 287 RODEO ROAD

City

SANTA FE

State

NM

Zip Code

87505-6304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13226123

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KENNETH P. WEINHEIMER

Mailing Address 2737 FERN DR

City

GREAT FALLS

State

MT

Zip Code

59404-3637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207459

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. N R. WEIR

Mailing Address 442 W HIGH ST

City

BRYAN

State

OH

Zip Code

43506-1681

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.13214155

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KENNETH WEIS

Mailing Address 10005 S WASHINGTON AVE

City

MARSHFIELD

State

WI

Zip Code

54449-9688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

326.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220205

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. VERNE WEISBERG

Mailing Address 195 FORE RIVER PKWY  
SUITE 140

City

PORTLAND

State

ME

Zip Code

04102-2781

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13234350

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JAY E. WEISSBLUTH

Mailing Address 3019 AVENUE U

City

BROOKLYN

State

NY

Zip Code

11229-5111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241046

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM W. WEISS

Mailing Address 4839 WEST BLVD.

City

NAPLES

State

FL

Zip Code

34103-3047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215282

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM W. WEISS

Mailing Address 4839 WEST BLVD.

City

NAPLES

State

FL

Zip Code

34103-3047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13224098

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM W. WEISS

Mailing Address 4839 WEST BLVD.

City

NAPLES

State

FL

Zip Code

34103-3047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244849

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

STEPHANIE WELBAUM

Mailing Address 6340 GOODFELLOW DRIVE

City

FORT WAYNE

State

IN

Zip Code

46835-2112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VERIZON

Occupation  
ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216922

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ROBERT L. WELCH

Mailing Address 1259 RICKERT DR  
SUITE 101

City

NAPERVILLE

State

IL

Zip Code

60540-8904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
M&M ORTHOPAEDIC LTD

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217769

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MR. DWIGHT G. WELDON

Mailing Address 120 DUPONT DRIVE

City State Zip Code  
**MC DONALD PA 15057-2190**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 WELDON LABORATORIES INC

Occupation  
 SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.13236460

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 MR. JAMES L. WELDON

Mailing Address 1450 S WEBB RD  
 APT 323

City State Zip Code  
**WICHITA KS 67207-4257**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13208206

Amount of Each Receipt this Period

80.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 MR. JOHN A. WELLEMAYER

Mailing Address 89 ROSEDALE RD

City State Zip Code  
**PRINCETON NJ 08540-6701**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220024

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**430.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SYLVIA WELLES

Mailing Address P.O. BOX 199

City

PINE VALLEY

State

CA

Zip Code

91962-0199

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13206875

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SYLVIA WELLES

Mailing Address P.O. BOX 199

City

PINE VALLEY

State

CA

Zip Code

91962-0199

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13241866

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TERRY WELLE

Mailing Address 2862 28TH AVE S

City

FARGO

State

ND

Zip Code

58103-5074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
BUILDING CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220470

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. GEORGE R. WELLINGTON**

Mailing Address **150 RUBY FOREST PARKWAY**

City State Zip Code  
**SUWANEE GA 30024-2389**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**12 / 03 / 2009**

Transaction ID: SA11.13207523

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. BARBARA WELLS**

Mailing Address **898 PEPPER TREE COURT**

City State Zip Code  
**SANTA CLARA CA 95051-5214**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ACCORD TECHNOLOGY**

Occupation  
**BOOKKEEPER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**12 / 16 / 2009**

Transaction ID: SA11.13224886

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MS. BARBARA WELLS**

Mailing Address **898 PEPPER TREE COURT**

City State Zip Code  
**SANTA CLARA CA 95051-5214**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ACCORD TECHNOLOGY**

Occupation  
**BOOKKEEPER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**12 / 28 / 2009**

Transaction ID: SA11.13241139

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**225.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JACQUELYN WELLS

Mailing Address 2320 CENTRAL ST APT 204

City

EVANSTON

State

IL

Zip Code

60201-1414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: SA11.13210589

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT WENDLING

Mailing Address 10905 FOREST RIDGE LN

City

OREGON CITY

State

OR

Zip Code

97045-9740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	9

Transaction ID: SA11.13214603

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT WENDLING

Mailing Address 10905 FOREST RIDGE LN

City

OREGON CITY

State

OR

Zip Code

97045-9740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: SA11.13229178

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

140.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RONALD WENGER

Mailing Address 1821 S STOUGHTON RD

City

MADISON

State

WI

Zip Code

53716-2257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13224970

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WARREN K. WENTWORTH

Mailing Address 26 SOUTHPPOINT LANE

City

IPSWICH

State

MA

Zip Code

01938-3032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13234195

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN WERLICH

Mailing Address 1563 SHADOWGLEN COURT

City

WESTLAKE VILLAGE

State

CA

Zip Code

91361-1435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ATTORNEY

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13220970

Amount of Each Receipt this Period

230.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

980.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ALAN WERZBERGER

Mailing Address 22 VAN BUREN DR  
STE 102

City

MONROE

State

NY

Zip Code

10950-6018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207086

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID G. WEST

Mailing Address 2 LAKEWOOD DRIVE

City

MCLOUD

State

OK

Zip Code

74851-8539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13222491

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR G. ALEXANDER WEST

Mailing Address 499 E HAMPDEN AVE STE 220

City

ENGLEWOOD

State

CO

Zip Code

80113-2792

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217621

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. GARY W. WEST, MD

Mailing Address 8038 WURZBACH ROAD  
SUITE 270

City

SAN ANTONIO

State

TX

Zip Code

78229-3812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217624

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RANDY WEST

Mailing Address 11800 FAIRMONT ST

City

HOUSTON

State

TX

Zip Code

77035-6556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOVA DRILLING TECHNOLOGIE-  
S, INC

Occupation

CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217257

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD H. WESTFALL

Mailing Address 1740 E OREGON CHURCH ROAD

City

TERRE HAUTE

State

IN

Zip Code

47802-8638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13206798

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DONALD WESTRA

Mailing Address 112 DOCTORS PARK

City

LINCOLNTON

State

NC

Zip Code

28092-4406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	9

Transaction ID: SA11.13204870

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. DELORES M. WHALEN

Mailing Address 5532 PEARCE AVE

City

LAKEWOOD

State

CA

Zip Code

90712-2057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Transaction ID: SA11.13227206

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOHN F. WHALLEY

Mailing Address 100 MEDICAL HEIGHTS DR  
SUITE 100

City

MORGANTON

State

NC

Zip Code

28655-5197

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MOUNTAIN VIEW PEDIATRICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: SA11.13225066

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

450.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES R. WHEATON, JR.

Mailing Address 5962 MANASSAS DR

City

COLUMBUS

State

GA

Zip Code

31909-4386

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: SA11.13224169

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT G. WHELAN

Mailing Address 84 RUNNING CREEK CIRCLE

City

ROCHESTER

State

NY

Zip Code

14623-4159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	9

Transaction ID: SA11.13226334

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EARL WHETSTONE

Mailing Address 422 CAMILLE CIR  
UNIT 11

City

SAN JOSE

State

CA

Zip Code

95134-2702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: SA11.13209802

Amount of Each Receipt this Period

120.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

525.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
MR. EARL WHETSTONEMailing Address 422 CAMILLE CIR  
UNIT 11

City	State	Zip Code
SAN JOSE	CA	95134-2702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	9

Transaction ID: SA11.13220197

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MRS. MARY FRANCES WHITAKER

Mailing Address 1160 EDITH LN

City	State	Zip Code
LENOIR CITY	TN	37771-7681

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	9

Transaction ID: SA11.13238030

Amount of Each Receipt this Period

135.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
ALLIE B. WHITE

Mailing Address 20550 HUEDNER RD #209

City	State	Zip Code
SAN ANTONIO	TX	78258-3967

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: SA11.13237233

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

465.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES V. WHITE

Mailing Address 3050 ROCKWOOD CIRCLE

City

ESTES PARK

State

CO

Zip Code

80517-6815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13242874

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LINDA G. WHITE

Mailing Address 1510 STAR POINT LN

City

NAPLES

State

FL

Zip Code

34112-4232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209629

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LYNN WHITE

Mailing Address 17 OAKDENE ROAD EAST

City

BARRINGTON HILLS

State

IL

Zip Code

60010-4036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236412

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

760.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MISS MARJORIE ANN WHITE

Mailing Address 2506 S MARSALIS AVE

City

DALLAS

State

TX

Zip Code

75216-3019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	9

Transaction ID: SA11.13205504

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MILDRED WHITEHURST

Mailing Address 1601 43RD STREET N.  
APARTMENT 110

City

SAINT PETERSBURG

State

FL

Zip Code

33713-4600

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1619.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Transaction ID: SA11.13236136

Amount of Each Receipt this Period

410.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR P MERRILL WHITE

Mailing Address 9430 PARK WEST BLVD  
STE 110

City

KNOXVILLE

State

TN

Zip Code

37923-4205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13217167

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

930.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARTHA C. WHITMIRE

Mailing Address 1202 PETER PAN RD

City

LOOKOUT MOUNTAIN

State

GA

Zip Code

30750-2520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Transaction ID: SA11.13207018

Amount of Each Receipt this Period

175.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. J.A. WHITTENBURGH

Mailing Address 1785 CAMINO REAL RD

City

JUNCTION

State

TX

Zip Code

76849-7019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RANCHER

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13217418

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD L. WHITTEN

Mailing Address 20 MOHAWK RD

City

WINDSOR LOCKS

State

CT

Zip Code

06096-1714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Transaction ID: SA11.13226898

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

535.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CALVIN D. WIBLE

Mailing Address 441 CRESTWOOD LANE

City

NAPLES

State

FL

Zip Code

34113-8456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13219162

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ANDREW D. WICK

Mailing Address 4550 HENCKEN RD

City

PACIFIC

State

MO

Zip Code

63069-3030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13242796

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JADWIGA WIECKOWSKI

Mailing Address 146 S 3RD SL 2

City

BROOKLYN

State

NY

Zip Code

11211-5510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13242798

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY A. WIEDER

Mailing Address 2999 REGENT ST  
# 612

City	State	Zip Code
BERKELEY	CA	94705-2121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	9

Transaction ID: SA11.13223725

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN P. WIER

Mailing Address P.O. BOX 850

City	State	Zip Code
GRANDVIEW	TX	76050-0850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WIER AND ASSN. INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: SA11.13237325

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HAROLD E. WIESE

Mailing Address 2 FAIR OAKS DRIVE

City	State	Zip Code
SAINT LOUIS	MO	63124-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WIESE PLANNING AND ENGINE-  
ERING INC.

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11.13251774

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

10500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. GERALD V. WIEST

Mailing Address 2050 2ND ST SE BOX 196

City

KIRTLAND AFB

State

NM

Zip Code

87117-5522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. AIR FORCE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207596

Amount of Each Receipt this Period

240.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. WIGGINS, JR.

Mailing Address 205 BRWIG RD

City

SPRING HOPE

State

NC

Zip Code

27882

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13208147

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. WIGGINS, JR.

Mailing Address 205 BRWIG RD

City

SPRING HOPE

State

NC

Zip Code

27882

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215219

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

340.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. WIGGINS, JR.

Mailing Address 205 BRWIG RD

City

SPRING HOPE

State

NC

Zip Code

27882

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231205

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. WIGGINS, JR.

Mailing Address 205 BRWIG RD

City

SPRING HOPE

State

NC

Zip Code

27882

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231578

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. WIGGINS, JR.

Mailing Address 205 BRWIG RD

City

SPRING HOPE

State

NC

Zip Code

27882

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13239956

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ANNE WILCOX

Mailing Address P.O. BOX 6042

City

WARNER ROBINS

State

GA

Zip Code

31095-6042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13232579

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JEAN J. WILCOX

Mailing Address 2437 SUNLIGHT BEACH RD

City

CLINTON

State

WA

Zip Code

98236-9112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13229486

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT WILCOX

Mailing Address 234 5TH AVE S

City

EDMONDS

State

WA

Zip Code

98020-3425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILCOX CONSTRUCTION INC.

Occupation  
GENERAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206367

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

720.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JENNIFER OGLE WILDE

Mailing Address 1815 SABRINA TER

City

CORONA DEL MAR

State

CA

Zip Code

92625-1819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

MISSIONARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207884

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY J. WILKINSON

Mailing Address 360 LABORATORY RD APT 406

City

OAK RIDGE

State

TN

Zip Code

37830-6849

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13243405

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ERNEST J. WILLENBORG

Mailing Address P.O. BOX 5489

City

LAGUNA PARK

State

TX

Zip Code

76644-5489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13207368

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

340.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ANN WILLIAMS

Mailing Address PO BOX 538

City

DECATUR

State

TX

Zip Code

76234-0538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILLIAMS RANCH

Occupation

RANCH OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217288

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ANN WILLIAMS

Mailing Address PO BOX 538

City

DECATUR

State

TX

Zip Code

76234-0538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILLIAMS RANCH

Occupation

RANCH OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13236397

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ARTHUR W. WILLIS

Mailing Address 2727 GRAMERCY ST STE 200

City

HOUSTON

State

TX

Zip Code

77025-1716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13207043

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1055 / 1281  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CLAYTON W. WILLIAMS, JR.

Mailing Address 6 DESTA DRIVE  
SUITE 3000City  
MIDLANDState  
TXZip Code  
79705-5537FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLAYTON WILLIAMS ENERGYOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	9

Transaction ID: SA11.13250465

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DANA WILLIS

Mailing Address 10501 CHESTER WAY

City

WOODSTOCK

State

MD

Zip Code  
21163-1314FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VERIZONOccupation  
PRODUCT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: SA11.13246973

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN R. WILLIAMS

Mailing Address 7 AZALEA COURT

City

WHEELING

State

WV

Zip Code  
26003-5477FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	0	9

Transaction ID: SA11.13244863

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

25260.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. LACY H. WILLIAMS

Mailing Address 416 TRAVIS STREET  
SUITE 1200

City State Zip Code  
SHREVEPORT LA 71101-5504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13250456

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LEE E. WILLIAMS

Mailing Address 256 COUNTY ROAD 3270

City State Zip Code  
MINEOLA TX 75773-3830

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13242277

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MASON WILLIAMS

Mailing Address 8341 OLD LEAD MINE RD

City State Zip Code  
RALEIGH NC 27615-2930

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215725

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2295.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1057 / 1281  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. PAULINE E. WILLIMAN**

Mailing Address **447 KETCHAM RD**

City State Zip Code  
**VOORHEESVILLE NY 12186-2611**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PAULINE E. WILLIMAN CERT-  
 IFIED**

Occupation  
**COURT REPORTER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**12 / 31 / 2009**

**Transaction ID: SA11.13245543**

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. PHILLIP A. WILLIAMS**

Mailing Address **203 POMPAO LN**

City State Zip Code  
**FREEPORT TX 77541-7986**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**12 / 04 / 2009**

**Transaction ID: SA11.13209263**

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DR. R TAYLOR WILLIAMS**

Mailing Address **38 FOOT POINT RD**

City State Zip Code  
**COLUMBIA SC 29209-0847**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**COLUMBIA CARDIOLOGY, LLC**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 15 / 2009**

**Transaction ID: SA11.13217243**

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**375.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ROSA C. WILLIAMS

Mailing Address 210 COLLINS COURT

City

COLUMBIA

State

SC

Zip Code

29212-8367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215897

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SYLVA A. WILLIAMS

Mailing Address 4325 STONE BROOKE RD

City

AMES

State

IA

Zip Code

50010-4120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11.13240629

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL J. WILLOUGHBY, JR.

Mailing Address 12389 N.W. KEARNEY STREET

City

PORTLAND

State

OR

Zip Code

97229-4943

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.50

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13215263

Amount of Each Receipt this Period

54.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

304.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FRANCIS M. WILSON

Mailing Address 150 LEWISTON ROAD

City

GROSSE POINTE FARM

State

MI

Zip Code

48236-3524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13209419

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JACKIE K. WILSON

Mailing Address 19950 HUEBNER RD APT 1601

City

SAN ANTONIO

State

TX

Zip Code

78258-3299

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210994

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JACKIE K. WILSON

Mailing Address 19950 HUEBNER RD APT 1601

City

SAN ANTONIO

State

TX

Zip Code

78258-3299

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13231616

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1060 / 1281

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. M. ROBERT WILSON

Mailing Address 861 W VIA OLIVERA

City

PALM SPRINGS

State

CA

Zip Code

92262-2769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216519

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL D. WILSON

Mailing Address 2308 FIFTH AVE

City

FORTWORTH

State

TX

Zip Code

76110-2539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
JOURNEYMAN ELECTRICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	2	/	2	0	0	9

Transaction ID: SA11.13214740

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PATRICK WILSON

Mailing Address 2337 NORTH DICKERSON STREET

City

ARLINGTON

State

VA

Zip Code

22207-2640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SEMICONDUCTOR INDUSTRY AS-  
SOC.Occupation  
GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13217175

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

610.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PHILIP WILTJER

Mailing Address 1317 TERMINAL CRES SW

City

GRAND RAPIDS

State

MI

Zip Code

49503-4855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205456

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CLIFFORD WINBURN

Mailing Address 7637 S 26TH WEST AVE

City

TULSA

State

OK

Zip Code

74132-2684

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220557

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MISS SYLVIA J. WINDER

Mailing Address 3009 19TH STREET

City

LUBBOCK

State

TX

Zip Code

79410-1401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225661

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1062 / 1281

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. BETTYLANE WINSLOW

Mailing Address PO BOX 42

City

HERTFORD

State

NC

Zip Code

27944-0042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11.13226870

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM F. WISCHMEYER

Mailing Address 1 MCKNIGHT PLACE  
APARTMENT 406

City

SAINT LOUIS

State

MO

Zip Code

63124-1985

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.13220586

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARY WISELY

Mailing Address 3 STRAUSS TERRACE

City

RANCHO MIRAGE

State

CA

Zip Code

92270-4075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217654

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SHERRI WISWELL

Mailing Address 2153 STOCKMAN CIR

City

FOLSOM

State

CA

Zip Code

95630-6234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.1322962

Amount of Each Receipt this Period

175.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JEFFREY R. WITT

Mailing Address 560 JACKSON ST N  
SUITE 100

City

ST PETERSBURG

State

FL

Zip Code

33705-1449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13225067

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KURT F. WOELCK

Mailing Address 2525 CAMINO DEL RIO S  
STE 100

City

SAN DIEGO

State

CA

Zip Code

92108-3718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FALCON WEST INSURANCE BRO-  
KERS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13223574

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

725.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1064 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD H. WOLFE

Mailing Address 1057 HAMLIN CENTER ROAD

City

HAMLIN

State

NY

Zip Code

14464-9328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13210843

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ROBERT C. WOLGAMOTT

Mailing Address 112 N HAYDEN BAY DR

City

PORTLAND

State

OR

Zip Code

97217-7959

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206364

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. FREDRIC C. WOLLETT

Mailing Address 1490 SE MAGNOLIA EXT

City

OCALA

State

FL

Zip Code

34471-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RADIOLOGY ASSOCIATES OF  
OCALA

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11.13206311

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1065 / 1281

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
MS. IVEY C. WOLPERT

Mailing Address 335 RIO RD

City

JACKSONVILLE

State

FL

Zip Code

32218-4037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: SA11.13229494

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
DR. CHARLES E. WOMACKMailing Address 311 N CLYDE MORRIS BLVD  
STE. 360

City

DAYTONA BEACH

State

FL

Zip Code

32114-2757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HALIFAX MEDICAL CENTEROccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13217384

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
DR. DUANE G. WOMBOLTMailing Address 402 MEDICAL TOWER  
400 GRESHAM DR

City

NORFOLK

State

VA

Zip Code

23507-1901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEPHROLOGY ASSOCS TIDEWAT-  
ER LTD.Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13217562

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

560.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1066 / 1281

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. OSCAR WONG

Mailing Address 12 OLD CHARLOTTE HWY  
STE HCity State Zip Code  
ASHEVILLE NC 28803-9419FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HIGHLAND BREWING COMPANY

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	4		2	0	9	

Transaction ID: SA11.13234338

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. CREED W. WOOD

Mailing Address 565 CURTIN LN

City State Zip Code  
SONOMA CA 95476-6449FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	9	

Transaction ID: SA11.13216494

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JAMES WOOD

Mailing Address 10 GOVERNORS LN

City State Zip Code  
CHICO CA 95926-1991FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	9	

Transaction ID: SA11.13216491

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

550.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1067 / 1281

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CARLTON WOODARD

Mailing Address 61 HILLTOP DR

City

COTTAGE GROVE

State

OR

Zip Code

97424-1772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	9	

Transaction ID: SA11.13220993

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. CATHERINE WOODSON

Mailing Address 109 EAST COLONIAL STREET

City

WOODBURY

State

TN

Zip Code

37190-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	9	

Transaction ID: SA11.13224262

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARGUERITE WOODS

Mailing Address 9316 CLOVERHILL ROAD

City

LITTLE ROCK

State

AR

Zip Code

72205-4617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

601.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	9	

Transaction ID: SA11.13232445

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

590.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1068 / 1281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MRS. RITA WOODS**

Mailing Address **10992 HOLLOWAY RD**

City State Zip Code  
**BRITTON MI 49229-9761**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**325.00**

Date of Receipt

**12 / 24 / 2009**

Transaction ID: SA11.13234406

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**DR. SEBORN E. WOODS**

Mailing Address **8001 YOUREE DR  
# 450**

City State Zip Code  
**SHREVEPORT LA 71115-2333**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WILLIS KNIGHTON MEDICAL  
CENTER**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**900.00**

Date of Receipt

**12 / 15 / 2009**

Transaction ID: SA11.13216904

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. DON DON WOOLSEY**

Mailing Address **1000 KAY DRIVE**

City State Zip Code  
**GLADEWATER TX 75647-4134**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**12 / 11 / 2009**

Transaction ID: SA11.13215272

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**235.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1069 / 1281

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD A. WORKMAN

Mailing Address 6904 GEORGETOWN PIKE

City

MCLEAN

State

VA

Zip Code

22101-2147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BAKER HOSTETLER

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13238294

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JOHN M. WORRELL

Mailing Address 1908 W WALL ST  
APT 100

City

MIDLAND

State

TX

Zip Code

79701-6565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217450

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CARL B. WRIGHT

Mailing Address 5026 KAMES SQ

City

LOUISVILLE

State

KY

Zip Code

40241-5207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HUMANA

Occupation

ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 9

Transaction ID: SA11.13227140

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1070 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ELINOR D. WRIGHT

Mailing Address 75 DOGWOOD RISE

City

LEXINGTON

State

VA

Zip Code

24450-5847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225846

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JOAN B. WRIGHT

Mailing Address 409 WELLINGTON DR

City

CHARLOTTESVILLE

State

VA

Zip Code

22903-4745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13245762

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARINA C. WRIGHT

Mailing Address 21705 HERSCHEL ROAD

City

SONOMA

State

CA

Zip Code

95476-9658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13225531

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1071 / 1281  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MRS. PAT WRIGHT

Mailing Address 522 S KIRBY ST

City

PILOT POINT

State

TX

Zip Code

76258-4427

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216520

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT K. WRIGHT

Mailing Address 35 HUGUENOT ROAD

City

NEWPORT NEWS

State

VA

Zip Code

23606-3136

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.13244884

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOHN WUELLNER

Mailing Address 3W S FAIRMOUNT DR

City

ALTON

State

IL

Zip Code

62002-3202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217451

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1072 / 1281

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RALPH F. WULFF

Mailing Address 17344 E. EL PUEBLO BLVD.

City

FOUNTAIN HILLS

State

AZ

Zip Code

85268-2633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	9

Transaction ID: SA11.13244785

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM H. YARBOROUGH

Mailing Address 4444 E 41ST ST

City

TULSA

State

OK

Zip Code

74135-2527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Transaction ID: SA11.13236085

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. SARAH L. YARBROUGH

Mailing Address 1801 CARTER AVE

City

COLUMBUS

State

GA

Zip Code

31906-1409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13216900

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

560.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM YARWOOD

Mailing Address 2651 E QUIET CIR APT C5

City

WASILLA

State

AK

Zip Code

99654-7395

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	9

Transaction ID: SA11.13215493

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM YARWOOD

Mailing Address 2651 E QUIET CIR APT C5

City

WASILLA

State

AK

Zip Code

99654-7395

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	9

Transaction ID: SA11.13242802

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN E. YASTE

Mailing Address 9908 RED RUN CT

City

LOUISVILLE

State

KY

Zip Code

40291-4086

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	0	9

Transaction ID: SA11.13244815

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

145.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JILL YATES

Mailing Address 424 STATE HIGHWAY 37

City

NOGAL

State

NM

Zip Code

88341-9519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	9	

Transaction ID: SA11.13229479

Amount of Each Receipt this Period

410.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JO E. YATES

Mailing Address 1600 MORGANTON RD LOT Y92

City

PINEHURST

State

NC

Zip Code

28374-6967

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: SA11.13216825

Amount of Each Receipt this Period

510.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DOYLE A. YEAGER

Mailing Address 17900 COUNTY ROAD 112

City

BRISTOL

State

IN

Zip Code

46507-8876

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ELKHART EMERGENCY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	9	

Transaction ID: SA11.13206994

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1020.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1075 / 1281  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MS. MARIA LUISA YEE**

Mailing Address **29155 BOBOLINK DR**

City State Zip Code  
**LAGUNA NIGUEL CA 92677-1304**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PROPERTY OWNER MANAGER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**12 / 21 / 2009**

Transaction ID: SA11.13230748

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**DR. JAMES YEGGE**

Mailing Address **4950 ESSEN STE 400**

City State Zip Code  
**BATON ROUGE LA 70809-3738**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RENAL ASSOCIATES**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**12 / 04 / 2009**

Transaction ID: SA11.13207034

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. WOODFORD A. YERXA**

Mailing Address **PO BOX 209**

City State Zip Code  
**COLUSA CA 95932-0209**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RIVER VISTA FARMS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 15 / 2009**

Transaction ID: SA11.13216968

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**1300.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1076 / 1281  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. SURAFEL YILMA-KASSAYE**

Mailing Address **VFA 37 HANGER 145**

City State Zip Code  
**VIRGINIA BEACH VA 23460**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**US ARMY**

Occupation  
**AVATION MACHINE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**12 / 18 / 2009**

Transaction ID: SA11.13225218

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**DR. JINNY YOON**

Mailing Address **601 WESTPARK WAY**

City State Zip Code  
**EULESS TX 76040-3972**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**12 / 21 / 2009**

Transaction ID: SA11.13226768

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. MARION W. YORK**

Mailing Address **4112 HUGHES DR**

City State Zip Code  
**WICHITA FALLS TX 76308-2535**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**285.00**

Date of Receipt

**12 / 09 / 2009**

Transaction ID: SA11.13213067

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**675.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1077 / 1281  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MR. EDWARD S. YOUNG

Mailing Address 1673 WYNTRE BROOKE DRIVE

City State Zip Code  
 YORK PA 17403-4543

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227424

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 MR. EDWARD S. YOUNG

Mailing Address 1673 WYNTRE BROOKE DRIVE

City State Zip Code  
 YORK PA 17403-4543

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13229213

Amount of Each Receipt this Period

55.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 MR. JAMES F. YOUNG

Mailing Address 100 N. CORPORATE DR-SUITE 100

City State Zip Code  
 BROOKFIELD WI 53045-5800

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 DIVERSIFIED INSURANCE SER-  
 VICES

Occupation  
 INSURANCE SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.13213500

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1078 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES F. YOUNG

Mailing Address 100 N. CORPORATE DR-SUITE 100

City

BROOKFIELD

State

WI

Zip Code

53045-5800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DIVERSIFIED INSURANCE SER-  
VICES

Occupation

INSURANCE SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13227127

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES F. YOUNG

Mailing Address 100 N. CORPORATE DR-SUITE 100

City

BROOKFIELD

State

WI

Zip Code

53045-5800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DIVERSIFIED INSURANCE SER-  
VICES

Occupation

INSURANCE SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13247049

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES F. YOUNG

Mailing Address 100 N. CORPORATE DR-SUITE 100

City

BROOKFIELD

State

WI

Zip Code

53045-5800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DIVERSIFIED INSURANCE SER-  
VICES

Occupation

INSURANCE SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13247518

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROGER A. YOUNG

Mailing Address 613 BROADWAY  
APT. 3

City

HIGHLAND

State

IL

Zip Code

62249-1841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	9

Transaction ID: SA11.13242777

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

THOMAS W YOUNG

Mailing Address 2210 W GRANDE BLVD

City

TYLER

State

TX

Zip Code

75703-0554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATLAS CREDIT CO., INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

EXECUTIVE/OWNER

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Transaction ID: SA11.13227227

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. TRACY YOUNG

Mailing Address 15 BULL STREET  
SUITE 200

City

SAVANNAH

State

GA

Zip Code

31401-2686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TITLEMAX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CEO

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	9

Transaction ID: SA11.13208365

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2800.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DAVID ZAPF

Mailing Address 10709 CREEK STONE CT

City

DAYTON

State

OH

Zip Code

45458-4741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13211872

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BERNARD A. ZARDA

Mailing Address 18404 W. 66TH TERRACE

City

SHAWNEE MSN

State

KS

Zip Code

66218-9529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13243707

Amount of Each Receipt this Period

265.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. THOMAS ZARKA

Mailing Address 6 TSIENNETO RD  
SUITE 204

City

DERRY

State

NH

Zip Code

03038-1584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216720

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

815.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
DR. WILLIAM A. ZATO

Mailing Address PO BOX 868

City State Zip Code  
BEVERLY SHORES IN 46301-0868

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
PHYSICIAN

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13225083

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
DR. WILLIAM G. ZEH

Mailing Address 14540 PRAIRIE LAKES BLVD N

City State Zip Code  
NOBLESVILLE IN 46060-4366

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13212966

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
DR. W. PATRICK ZELLER

Mailing Address 2001 GARY AVE

City State Zip Code  
WHEATON IL 60187-3055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216756

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PROF MATUS ZELMANOVICH

Mailing Address 9709 TALLAHASSEE DR

City

KNOXVILLE

State

TN

Zip Code

37923-1936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	9

Transaction ID: SA11.13207005

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GARY ZICK

Mailing Address 215 N MECHANIC ST

City

BERRIEN SPRINGS

State

MI

Zip Code

49103-1150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ZICK S SPECIALTY MEATS IN-  
C.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Transaction ID: SA11.13216603

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ANNA F. ZIEGER

Mailing Address 735 SUSQUEHANNA RD APT F18

City

FORT WASHINGTON

State

PA

Zip Code

19034-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	0	9

Transaction ID: SA11.13232535

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

450.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1083 / 1281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. VICKIE L. ZIEGLER

Mailing Address 265 WOODLAND DR

City

STATE COLLEGE

State

PA

Zip Code

16803-3526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PENNSYLVANIA STATE UNIVER-  
SITY

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13216745

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRED W. ZIEHE

Mailing Address 8409 HAWAII LN

City

HOUSTON

State

TX

Zip Code

77040-1216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RYDER SCOTT CO.

Occupation

MAINTENANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208936

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. J S. ZIL

Mailing Address P.O. BOX 160208

City

SACRAMENTO

State

CA

Zip Code

95816-0208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.13205566

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. ZIMMERMAN

Mailing Address 2422 TERRA VERDE LN

City

NAPLES

State

FL

Zip Code

34105-3036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13220973

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MISS WINIFRED S. ZIMMER

Mailing Address 48 UNION PARK

City

BOSTON

State

MA

Zip Code

02118-3700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.13233074

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT B. ZINSER

Mailing Address 3158 ORLEANS E.

City

SAN DIEGO

State

CA

Zip Code

92110-5946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.13217060

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DR. STAN ZIOMEK**

Mailing Address **2360 KATY LN**

City State Zip Code  
**POPLAR BLUFF MO 63901-2300**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CARDIOVASCULAR INSTITUTE  
 OF SOUTHERN M**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1050.00**

Date of Receipt

**12 / 17 / 2009**

Transaction ID: SA11.13223723

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. KENNETH M. ZOELLER**

Mailing Address **65792 702 RD**

City State Zip Code  
**FALLS CITY NE 68355-2444**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 30 / 2009**

Transaction ID: SA11.13244886

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. DEBORAH J. ZUMBERGE**

Mailing Address **5306 CEDAR BEN CRK**

City State Zip Code  
**HOUSTON TX 77041-6606**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SELF-EMPLOYED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**12 / 29 / 2009**

Transaction ID: SA11.13242654

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**425.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. BRAD ZWAHLEN

Mailing Address 2999 REGENT ST  
SUITE 225

City

BERKELEY

State

CA

Zip Code

94705-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13204852

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

1259183.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BACHUS REELECTION

Mailing Address P.O. BOX 131134

City

BIRMINGHAM

State

AL

Zip Code

35213-6134

FEC ID number of contributing  
federal political committee.**C**

C00260547

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

43590.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	9

Transaction ID: SA11.13213471

Amount of Each Receipt this Period

1590.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

BILL CASSIDY FOR CONGRESS

Mailing Address 8550 UNITED PLAZA BLVD.  
SUITE 1001

City

BATON ROUGE

State

LA

Zip Code

70809-2256

FEC ID number of contributing  
federal political committee.**C**

C00451807

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11.13251768

Amount of Each Receipt this Period

17000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

BISHOP FOR CONGRESS

Mailing Address P.O. BOX 2006

City

BRIGHAM CITY

State

UT

Zip Code

84302-0745

FEC ID number of contributing  
federal political committee.**C**

C00374231

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	9

Transaction ID: SA11.13221180

Amount of Each Receipt this Period

5000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

23590.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1088 / 1281

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CANTOR FOR CONGRESS

Mailing Address P.O. BOX 17813

City

RICHMOND

State

VA

Zip Code

23226-7813

FEC ID number of contributing  
federal political committee.**C** C00355461

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

72522.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	0	9

Transaction ID: SA11.13250453

Amount of Each Receipt this Period

40522.82

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

CATHY MCMORRIS FOR CONGRESS

Mailing Address P.O. BOX 137

City

SPOKANE

State

WA

Zip Code

99210-0137

FEC ID number of contributing  
federal political committee.**C** C00390476

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

108100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11.13251765

Amount of Each Receipt this Period

11100.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

COBLE FOR CONGRESS

Mailing Address P.O. BOX 1177

City

GREENSBORO

State

NC

Zip Code

27402-1177

FEC ID number of contributing  
federal political committee.**C** C00198796

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

Transaction ID: SA11.13221173

Amount of Each Receipt this Period

5000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

56622.82

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1089 / 1281

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
COMMITTEE TO RE-ELECT TRENT FRANKS TO CONGRESS

Mailing Address P.O. BOX 8105

City State Zip Code  
GLENDALE AZ 85312-8105

FEC ID number of contributing  
federal political committee. **C** C00367110

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13223925

Amount of Each Receipt this Period

5000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)  
COMMITTEE TO RE-ELECT CONGRESSMAN DANA ROHRABACHER

Mailing Address P.O. BOX 823

City State Zip Code  
HUNTINGTON BEACH CA 92648-0823

FEC ID number of contributing  
federal political committee. **C** C00224691

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13251760

Amount of Each Receipt this Period

25000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)  
CONAWAY FOR CONGRESS

Mailing Address P.O. BOX 51272

City State Zip Code  
MIDLAND TX 79710-1272

FEC ID number of contributing  
federal political committee. **C** C00383828

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

79000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11.13250455

Amount of Each Receipt this Period

7000.00

TRANSFER

**SUBTOTAL** of Receipts This Page (optional) .....

37000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1090 / 1281

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DAVE CAMP FOR CONGRESS

Mailing Address 5915 EASTMAN AVENUE  
SUITE 100City  
MIDLANDState  
MIZip Code  
48640-6824FEC ID number of contributing  
federal political committee.**C** C00347476

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

106600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	9

Transaction ID: SA11.13208349

Amount of Each Receipt this Period

17500.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

DAVE CAMP FOR CONGRESS

Mailing Address 5915 EASTMAN AVENUE  
SUITE 100City  
MIDLANDState  
MIZip Code  
48640-6824FEC ID number of contributing  
federal political committee.**C** C00347476

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

106600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	9

Transaction ID: SA11.13232219

Amount of Each Receipt this Period

12000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

DEVIN NUNES CAMPAIGN COMMITTEE

Mailing Address P.O. BOX 6545

City  
VISALIAState  
CAZip Code  
93290-6545FEC ID number of contributing  
federal political committee.**C** C00370056

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

72000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	9

Transaction ID: SA11.13221172

Amount of Each Receipt this Period

30000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

59500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1091 / 1281

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HAL ROGERS FOR CONGRESS

Mailing Address P.O. BOX 1214

E. MT. VERNON STREET

City

SOMERSET

State

KY

Zip Code

42502-1214

FEC ID number of contributing  
federal political committee.**C**

C00116632

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

126750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: SA11.13223924

Amount of Each Receipt this Period

11750.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

JEFF MILLER FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City

TAMPA

State

FL

Zip Code

33606-2693

FEC ID number of contributing  
federal political committee.**C**

C00366757

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

31060.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

Transaction ID: SA11.13221174

Amount of Each Receipt this Period

1060.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 87

City

UWCHLAND

State

PA

Zip Code

19480-0087

FEC ID number of contributing  
federal political committee.**C**

C00372102

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	9

Transaction ID: SA11.13221179

Amount of Each Receipt this Period

3000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

15810.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1092 / 1281

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
KEN MARCHANT FOR CONGRESS

Mailing Address P.O. BOX 110187

City	State	Zip Code
CARROLLTON	TX	75011-0187

FEC ID number of contributing  
federal political committee. **C** C00393348

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	9

Transaction ID: SA11.13208371

Amount of Each Receipt this Period

3000.00

TRANSFER

**B.**Full Name (Last, First, Middle Initial)  
KING FOR CONGRESS

Mailing Address P.O. BOX 400

City	State	Zip Code
EARLY	IA	50535-0400

FEC ID number of contributing  
federal political committee. **C** C00373563

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13223914

Amount of Each Receipt this Period

10000.00

TRANSFER

**C.**Full Name (Last, First, Middle Initial)  
KLINE FOR CONGRESSMailing Address 101 W. BURNSVILLE PARKWAY  
SUITE 104

City	State	Zip Code
BURNSVILLE	MN	55337-2571

FEC ID number of contributing  
federal political committee. **C** C00326629

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	0	9

Transaction ID: SA11.13250454

Amount of Each Receipt this Period

17600.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

30600.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1093 / 1281

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LAMBORN FOR CONGRESS

Mailing Address P.O. BOX 64107

City

COLORADO SPRINGS

State

CO

Zip Code

80962-4107

FEC ID number of contributing  
federal political committee.**C**

C00420745

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	9

Transaction ID: SA11.13208372

Amount of Each Receipt this Period

10000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

LATTA FOR CONGRESS

Mailing Address 300 N. MAIN STREET

City

BOWLING GREEN

State

OH

Zip Code

43402-2423

FEC ID number of contributing  
federal political committee.**C**

C00438697

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

12346.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11.13251766

Amount of Each Receipt this Period

7346.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

MANZULLO FOR CONGRESS

Mailing Address PO BOX 7783

City

ROCKFORD

State

IL

Zip Code

61126-7783

FEC ID number of contributing  
federal political committee.**C**

C00252973

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13223916

Amount of Each Receipt this Period

5000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

22346.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1094 / 1281

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
MARIO DIAZ-BALART FOR CONGRESS

Mailing Address 8770 SUNSET DRIVE #422

City	State	Zip Code
MIAMI	FL	33173-3512

FEC ID number of contributing  
federal political committee. **C** C00376087

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	0	9

Transaction ID: SA11.13232220

Amount of Each Receipt this Period

5000.00

TRANSFER

**B.**Full Name (Last, First, Middle Initial)  
MCHENRY FOR CONGRESS

Mailing Address PO BOX 1406

City	State	Zip Code
HICKORY	NC	28603-1406

FEC ID number of contributing  
federal political committee. **C** C00393629

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	9

Transaction ID: SA11.13208344

Amount of Each Receipt this Period

1000.00

TRANSFER

**C.**Full Name (Last, First, Middle Initial)  
MIKE PENCE COMMITTEE

Mailing Address P.O. BOX 408

City	State	Zip Code
ANDERSON	IN	46015-0408

FEC ID number of contributing  
federal political committee. **C** C00350397

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

170000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	0		2	0	0	9

Transaction ID: SA11.13221171

Amount of Each Receipt this Period

50000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

56000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1095 / 1281  
 (check only one)  
☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
 NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
 NEUGEBAUER CONGRESSIONAL COMMITTEE

Mailing Address P.O. BOX 54175

City State Zip Code  
 LUBBOCK TX 79453-4175

FEC ID number of contributing  
federal political committee. **C** C00384016

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 42000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.13232230

Amount of Each Receipt this Period

5000.00

TRANSFER

B.

Full Name (Last, First, Middle Initial)  
 OLSON FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 16381

City State Zip Code  
 SUGAR LAND TX 77496-6381

FEC ID number of contributing  
federal political committee. **C** C00437913

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 22000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13251767

Amount of Each Receipt this Period

12000.00

TRANSFER

C.

Full Name (Last, First, Middle Initial)  
 PAUL BROUN COMMITTEE

Mailing Address 1221 KNOB CREEK DRIVE

City State Zip Code  
 ATHENS GA 30606-7040

FEC ID number of contributing  
federal political committee. **C** C00432955

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13251762

Amount of Each Receipt this Period

5000.00

TRANSFER

**SUBTOTAL** of Receipts This Page (optional) .....

22000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1096 / 1281

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROYCE CAMPAIGN COMMITTEE

Mailing Address P.O. BOX 2525

City

ORANGE

State

CA

Zip Code

92859-0525

FEC ID number of contributing  
federal political committee.**C**

C00200865

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

25500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: SA11.13212735

Amount of Each Receipt this Period

500.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

SCHMIDT FOR CONGRESS COMMITTEE

Mailing Address 771 WARDS CORNER RD

City

LOVELAND

State

OH

Zip Code

45140-9049

FEC ID number of contributing  
federal political committee.**C**

C00410647

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11.13251763

Amount of Each Receipt this Period

25000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

SENSENBRENNER COMMITTEE

Mailing Address P.O. BOX 575

City

BROOKFIELD

State

WI

Zip Code

53008-0575

FEC ID number of contributing  
federal political committee.**C**

C00083428

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: SA11.13232237

Amount of Each Receipt this Period

5000.00

TRANSFER

**SUBTOTAL** of Receipts This Page (optional) .....

30500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1097 / 1281

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
SHELLEY MOORE CAPITO FOR CONGRESS

Mailing Address P.O. BOX 11519

City	State	Zip Code
CHARLESTON	WV	25339-1519

FEC ID number of contributing  
federal political committee. **C** C00347849

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	9

Transaction ID: SA11.13208370

Amount of Each Receipt this Period

10000.00

TRANSFER

**B.**Full Name (Last, First, Middle Initial)  
SMITH FOR CONGRESS COMMITTEEMailing Address 3321 AVENUE I  
SUITE 6

City	State	Zip Code
SCOTTSBLUFF	NE	69361-4587

FEC ID number of contributing  
federal political committee. **C** C00412890

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5530.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: SA11.13212736

Amount of Each Receipt this Period

5000.00

TRANSFER

**C.**Full Name (Last, First, Middle Initial)  
SMITH FOR CONGRESS COMMITTEEMailing Address 3321 AVENUE I  
SUITE 6

City	State	Zip Code
SCOTTSBLUFF	NE	69361-4587

FEC ID number of contributing  
federal political committee. **C** C00412890

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5530.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: SA11.13232231

Amount of Each Receipt this Period

530.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

15530.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1098 / 1281

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
STEVE AUSTRIA FOR CONGRESSMailing Address 20 S LIMESTONE STREET  
SUITE 390City State Zip Code  
SPRINGFIELD OH 45502-1291FEC ID number of contributing  
federal political committee.**C** C00440115

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	9

Transaction ID: SA11.13232221

Amount of Each Receipt this Period

10000.00

TRANSFER

**B.**Full Name (Last, First, Middle Initial)  
TED POE FOR CONGRESS

Mailing Address P.O. BOX 14222

City State Zip Code  
HUMBLE TX 77347-4222FEC ID number of contributing  
federal political committee.**C** C00392670

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.13223915

Amount of Each Receipt this Period

5000.00

TRANSFER

**C.**Full Name (Last, First, Middle Initial)  
TODD AKIN FOR CONGRESS

Mailing Address P.O. BOX 31222

City State Zip Code  
SAINT LOUIS MO 63131-0222FEC ID number of contributing  
federal political committee.**C** C00343475

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11.13251761

Amount of Each Receipt this Period

15000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

30000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1099 / 1281

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
UPTON FOR ALL OF US

Mailing Address P.O. BOX 490

City	State	Zip Code
SAINT JOSEPH	MI	49085-0490

FEC ID number of contributing  
federal political committee.**C** C00200584

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

26060.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	9		2	0	0	9

Transaction ID: SA11.13211542

Amount of Each Receipt this Period

1060.00

TRANSFER

**B.**Full Name (Last, First, Middle Initial)  
WESTMORELAND FOR CONGRESS

Mailing Address P.O. BOX 458

City	State	Zip Code
SHARPSBURG	GA	30277-0458

FEC ID number of contributing  
federal political committee.**C** C00409839

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: SA11.13251764

Amount of Each Receipt this Period

8000.00

TRANSFER

**C.**Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION OF RESPONSIBLE AUTO LENDERS, PAC

Mailing Address 610 S. BOULEVARD

City	State	Zip Code
TAMPA	FL	33606-2693

FEC ID number of contributing  
federal political committee.**C** C00460204

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	9

Transaction ID: SA11.13208373

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

11560.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS, PAC

Mailing Address 1111 N. PLAZA DRIVE  
SUITE 550City State Zip Code  
SCHAUMBURG IL 60173-4946FEC ID number of contributing  
federal political committee.**C** C00273003

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: SA11.13251758

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

AMERICAN SECURITY, PAC

Mailing Address 192 LIBERTY LANE

City State Zip Code  
ANNISTON AL 36207-2646FEC ID number of contributing  
federal political committee.**C** C00439521

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	9	

Transaction ID: SA11.13223917

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN VETERINARY MEDICAL ASSOCIATION, PAC

Mailing Address 1910 SUNDERLAND PLACE NW

City State Zip Code  
WASHINGTON DC 20036-1608FEC ID number of contributing  
federal political committee.**C** C00114132

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	9	

Transaction ID: SA11.13208351

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
CH2M HILL COMPANIES, LTD., PAC

Mailing Address 901 NEW YORK AVENUE, NW  
SUITE 5100 WEST

City State Zip Code  
WASHINGTON DC 20001-4432

FEC ID number of contributing  
federal political committee.

**C** C00143305

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13212739

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
CMR, PAC

Mailing Address PO BOX 2485

City State Zip Code  
SPRINGFIELD VA 22152-0485

FEC ID number of contributing  
federal political committee.

**C** C00469429

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13251755

Amount of Each Receipt this Period

30000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
CONAGRA FOODS, INC., PAC

Mailing Address 1627 I STREET, NW  
SUITE 950

City State Zip Code  
WASHINGTON DC 20006-4039

FEC ID number of contributing  
federal political committee.

**C** C00087874

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13212738

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

36000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

EISENHOWER, PAC

Mailing Address 2116 INVERNESS DRIVE

City

LAWRENCE

State

KS

Zip Code

66047-1959

FEC ID number of contributing  
federal political committee.**C**

C00455717

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	9

Transaction ID: SA11.13250476

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

EMBARQ CORPORATION EMPLOYEES', PAC

Mailing Address 701 PENNSYLVANIA AVENUE NW  
SUITE 820

City

WASHINGTON

State

DC

Zip Code

20004-3628

FEC ID number of contributing  
federal political committee.**C**

C00419911

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	0	9

Transaction ID: SA11.13232208

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

FOOD MARKETING INSTITUTE, PAC

Mailing Address 50 F. STREET NW  
6TH FLOOR

City

WASHINGTON

State

DC

Zip Code

20001-1530

FEC ID number of contributing  
federal political committee.**C**

C00014555

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Transaction ID: SA11.13223913

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

30000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FREEDOM AND SECURITY, PAC

Mailing Address 1117 ATWOOD COURT

City

SHAKOPEE

State

MN

Zip Code

55379-2461

FEC ID number of contributing  
federal political committee.

**C**

C00437061

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

12000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13212737

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

FREEDOM AND SECURITY, PAC

Mailing Address 1117 ATWOOD COURT

City

SHAKOPEE

State

MN

Zip Code

55379-2461

FEC ID number of contributing  
federal political committee.

**C**

C00437061

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

12000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.13213481

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

FREEDOM AND SECURITY, PAC

Mailing Address 1117 ATWOOD COURT

City

SHAKOPEE

State

MN

Zip Code

55379-2461

FEC ID number of contributing  
federal political committee.

**C**

C00437061

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

12000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13250451

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

H.E.R.G.E.R., PAC

Mailing Address P.O. BOX 984

City

WILLOWS

State

CA

Zip Code

95988-0984

FEC ID number of contributing  
federal political committee.

**C**

C00442467

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.13213474

Amount of Each Receipt this Period

1060.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

HOOSIER, PAC

Mailing Address P.O. BOX 77089

City

WASHINGTON

State

DC

Zip Code

20013-8089

FEC ID number of contributing  
federal political committee.

**C**

C00338848

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13208348

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MAJORITY IN CONGRESS, PAC

Mailing Address 601 N. FERNCREEK AVENUE  
SUITE 200

City

ORLANDO

State

FL

Zip Code

32803-4839

FEC ID number of contributing  
federal political committee.

**C**

C00402909

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13232218

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

7060.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NATIONAL RURAL LETTER CARRIERS' ASSOCIATION, PAC

Mailing Address 1630 DUKE STREET, 4TH FLOOR

City

ALEXANDRIA

State

VA

Zip Code

22314-3426

FEC ID number of contributing  
federal political committee.

**C**

C00072025

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11.13208352

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

NATIONAL RURAL LETTER CARRIERS' ASSOCIATION, PAC

Mailing Address 1630 DUKE STREET, 4TH FLOOR

City

ALEXANDRIA

State

VA

Zip Code

22314-3426

FEC ID number of contributing  
federal political committee.

**C**

C00072025

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.13212740

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

NATIONAL THOROUGHBRED RACING ASSOCIATION, PAC

Mailing Address 2525 HARRODSBURG ROAD  
SUITE 500

City

LEXINGTON

State

KY

Zip Code

40504-3359

FEC ID number of contributing  
federal political committee.

**C**

C00360008

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.13223918

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

OSI RESTAURANT PARTNERS, PAC

Mailing Address 101 CONSTITUTION AVENUE, NW, SUITE

City

WASHINGTON

State

DC

Zip Code

20001-2133

FEC ID number of contributing  
federal political committee.

**C**

C00253153

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13251759

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PIONEER, PAC

Mailing Address 412 FIRST STREET SE  
SUITE 100

City

WASHINGTON

State

DC

Zip Code

20003-1804

FEC ID number of contributing  
federal political committee.

**C**

C00452771

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13251756

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PIONEER, PAC

Mailing Address 412 FIRST STREET SE  
SUITE 100

City

WASHINGTON

State

DC

Zip Code

20003-1804

FEC ID number of contributing  
federal political committee.

**C**

C00452771

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11.13251757

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

13000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)  
☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA, PAC**  
 Mailing Address **444 N. CAPITOL STREET, NW SUITE 80**

City State Zip Code  
**WASHINGTON DC 20001-1508**

FEC ID number of contributing federal political committee. **C C00066472**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**25000.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 2 / 1 4 / 2 0 0 9**

Transaction ID: SA11.13221181

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

REFUND ISSUED ON 1/29/2010

B.

Full Name (Last, First, Middle Initial)  
**R.O.S.K.A.M., PAC**  
 Mailing Address **610 S. BOULEVARD**

City State Zip Code  
**TAMPA FL 33606-2693**

FEC ID number of contributing federal political committee. **C C00451294**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**12000.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 2 / 3 1 / 2 0 0 9**

Transaction ID: SA11.13251754

Amount of Each Receipt this Period

7000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**SECURITIES INDUSTRY & FINANCIAL MARKETS ASSOC., PAC**  
 Mailing Address **1101 NEW YORK AVENUE, NW**

City State Zip Code  
**WASHINGTON DC 20005-4269**

FEC ID number of contributing federal political committee. **C C00431312**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**15000.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 2 / 0 2 / 2 0 0 9**

Transaction ID: SA11.13208350

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

17000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SIDLEY AUSTIN LLP, PAC

Mailing Address 1501 K. STREET NW

City

WASHINGTON

State

DC

Zip Code

20005-1401

FEC ID number of contributing  
federal political committee.

**C**

C00351270

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11.13208360

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SOCIETY OF THORACIC SURGEONS, PAC

Mailing Address 1025 CONNECTICUT AVENUE NW  
SUITE 1104

City

WASHINGTON

State

DC

Zip Code

20036-5448

FEC ID number of contributing  
federal political committee.

**C**

C00325936

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.13250450

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

TRANS, PAC

Mailing Address P.O. BOX 365

City

MCLEAN

State

VA

Zip Code

22101-0365

FEC ID number of contributing  
federal political committee.

**C**

C00420661

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.13232217

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

27500.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1109 / 1281

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

UBS AMERICAS INC., PAC

Mailing Address 1501 K. STREET, NW, SUITE 1100

City

WASHINGTON

State

DC

Zip Code

20005-1410

FEC ID number of contributing  
federal political committee.**C**

C00012245

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: SA11.13232222

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

UNIVERSAL AMERICAN FINANCIAL CORP., PAC

Mailing Address 6 INTERNATIONAL DRIVE

City

RYD BROOK

State

NY

Zip Code

10573-1070

FEC ID number of contributing  
federal political committee.**C**

C00433029

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: SA11.13212741

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WEDGE, PAC

Mailing Address P.O. BOX 680063

City

FRANKLIN

State

TN

Zip Code

37068-0063

FEC ID number of contributing  
federal political committee.**C**

C00409276

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

9500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11.13251753

Amount of Each Receipt this Period

8500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

19500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1110 / 1281

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WELLS FARGO AND CO., EMPLOYEE PAC

Mailing Address SIXTH AND MARQUETTE

City

MINNEAPOLIS

State

MN

Zip Code

55479-0001

FEC ID number of contributing  
federal political committee.**C**

C00034595

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	9	

Transaction ID: SA11.13232207

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....

611118.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1111 / 1281  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MARY BONO MACK VICTORY FUND**

Mailing Address **228 S. WASHINGTON STREET  
 SUITE 115**

City State Zip Code  
**ALEXANDRIA VA 22314**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**57236.16**

Date of Receipt

**12 / 31 / 2009**

Transaction ID: SA12.MBMVF

Amount of Each Receipt this Period

**57236.16**

TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

**B.**

Full Name (Last, First, Middle Initial)  
**MR. PAUL GREGORY RENKER**

Mailing Address **47220 WEST ELDORADO**

City State Zip Code  
**INDIAN WELLS CA 92210**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GUTHY-RENKER**

Occupation  
**CO-FOUNDER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**30400.00**

Date of Receipt

**12 / 31 / 2009**

Transaction ID: SA12.MBMVF1

Amount of Each Receipt this Period

**30400.00**

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIBUTION - MARY BONO MACK VICTORY FUND

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. STACY RENKER**

Mailing Address **47220 WEST ELDORADO**

City State Zip Code  
**INDIAN WELLS CA 92210**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GUTHY-RENKER**

Occupation  
**EXECUTIVE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**30400.00**

Date of Receipt

**12 / 31 / 2009**

Transaction ID: SA12.MBMVF2

Amount of Each Receipt this Period

**30400.00**

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIBUTION - MARY BONO MACK VICTORY FUND

**SUBTOTAL** of Receipts This Page (optional) .....

**57236.16**

**TOTAL** This Period (last page this line number only) .....

**57236.16**

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1112 / 1281

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RALPH PIERRE

Mailing Address 590 HERNDON PKWY

City

HERNDON

State

VA

Zip Code

20170

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA15-0.000467

Amount of Each Receipt this Period

300.00

SALE OF EQUIPMENT

**B.**

Full Name (Last, First, Middle Initial)

KEN SILVESTER

Mailing Address 3028 JAVIER RD #100

City

FAIRFAX

State

VA

Zip Code

22031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA15-0.000468

Amount of Each Receipt this Period

400.00

SALE OF EQUIPMENT

**C.**

Full Name (Last, First, Middle Initial)

AUTOMATIC DATA PROCESSING

Mailing Address PO BOX 9001006

City

LOUISVILLE

State

KY

Zip Code

40290-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6303.51

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA15-0.000462

Amount of Each Receipt this Period

925.97

REFUND - INSURANCE

**SUBTOTAL** of Receipts This Page (optional) .....

1625.97

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1113 / 1281

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	--	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

INSIGHT DIRECT

Mailing Address 6820 S HARL AVE

City

TEMPE

State

AZ

Zip Code

85283

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

452.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	9

Transaction ID: SA15-0.000460

Amount of Each Receipt this Period

452.88

REFUND - EQUIPMENT PURCHASE

**B.**

Full Name (Last, First, Middle Initial)

MAMSI LIFE AND HEALTH

Mailing Address PO BOX 13615

City

PHILADELPHIA

State

PA

Zip Code

19101-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5908.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	9

Transaction ID: SA15-0.000461

Amount of Each Receipt this Period

1668.27

REFUND - INSURANCE

**C.**

Full Name (Last, First, Middle Initial)

SMART MEDIA GROUP

Mailing Address 814 KING ST  
STE 400

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

46908.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	9

Transaction ID: SA15-0.000464

Amount of Each Receipt this Period

32937.47

REFUND - MEDIA

SUBTOTAL of Receipts This Page (optional) .....

35058.62

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1114 / 1281

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
SMART MEDIA GROUPMailing Address 814 KING ST  
STE 400

City	State	Zip Code
ALEXANDRIA	VA	22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

46908.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	0	9

Transaction ID: SA15-0.000465

Amount of Each Receipt this Period

3523.70

REFUND - MEDIA

SUBTOTAL of Receipts This Page (optional) .....

3523.70

TOTAL This Period (last page this line number only) .....

40208.29

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1115 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WHITAKER L ASKEW

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011255

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	9

Amount of Each Disbursement this Period

9315.10

**B.**

Full Name (Last, First, Middle Initial)

WHITAKER L ASKEW

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011287

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	9

Amount of Each Disbursement this Period

415.70

**C.**

Full Name (Last, First, Middle Initial)

WHITAKER L ASKEW

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011427

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	0	9

Amount of Each Disbursement this Period

2453.56

SUBTOTAL of Disbursements This Page (optional) .....

12184.36

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1116 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WHITAKER L ASKEW

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011470

Date of Disbursement

/   /

Amount of Each Disbursement this Period

415.71

B.

Full Name (Last, First, Middle Initial)

WHITAKER L ASKEW

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011571

Date of Disbursement

/   /

Amount of Each Disbursement this Period

411.74

C.

Full Name (Last, First, Middle Initial)

JACKIE M BARBER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011288

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1268.50

**SUBTOTAL** of Disbursements This Page (optional) .....

2095.95

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1117 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JACKIE M BARBER

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011373

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	9

Amount of Each Disbursement this Period

36.00

**B.**

Full Name (Last, First, Middle Initial)

JACKIE M BARBER

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011471

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Amount of Each Disbursement this Period

1268.50

**C.**

Full Name (Last, First, Middle Initial)

JACKIE M BARBER

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011572

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Amount of Each Disbursement this Period

1264.54

SUBTOTAL of Disbursements This Page (optional) ▶

2569.04

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1118 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JONATHAN R BLACK <hr/> Mailing Address    320 1ST ST SE	<b>Transaction ID:</b> SB21-0.011289 <b>Date of Disbursement</b> <div> <div><div>M</div><div>M</div></div> / <div><div>D</div><div>D</div></div> / <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> <div>12</div> / <div>04</div> / <div>2009</div> </div>
<div> <div>City</div> <div>WASHINGTON</div> </div> <div> <div>State</div> <div>DC</div> </div> <div> <div>Zip Code</div> <div>20003</div> </div> <div> <div>Purpose of Disbursement</div> <div>PAYROLL</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Category/Type</div> <div></div> </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div> </div> <div> <div>State:</div> <div>District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>2917.69</div>
<b>B.</b> Full Name (Last, First, Middle Initial) JONATHAN R BLACK <hr/> Mailing Address    320 1ST ST SE	<b>Transaction ID:</b> SB21-0.011472 <b>Date of Disbursement</b> <div> <div><div>M</div><div>M</div></div> / <div><div>D</div><div>D</div></div> / <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> <div>12</div> / <div>18</div> / <div>2009</div> </div>
<div> <div>City</div> <div>WASHINGTON</div> </div> <div> <div>State</div> <div>DC</div> </div> <div> <div>Zip Code</div> <div>20003</div> </div> <div> <div>Purpose of Disbursement</div> <div>PAYROLL</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Category/Type</div> <div></div> </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div> </div> <div> <div>State:</div> <div>District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>2917.71</div>
<b>C.</b> Full Name (Last, First, Middle Initial) JONATHAN R BLACK <hr/> Mailing Address    320 1ST ST SE	<b>Transaction ID:</b> SB21-0.011573 <b>Date of Disbursement</b> <div> <div><div>M</div><div>M</div></div> / <div><div>D</div><div>D</div></div> / <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> <div>12</div> / <div>31</div> / <div>2009</div> </div>
<div> <div>City</div> <div>WASHINGTON</div> </div> <div> <div>State</div> <div>DC</div> </div> <div> <div>Zip Code</div> <div>20003</div> </div> <div> <div>Purpose of Disbursement</div> <div>PAYROLL</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Category/Type</div> <div></div> </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div> </div> <div> <div>State:</div> <div>District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>3105.15</div>

SUBTOTAL of Disbursements This Page (optional) .....

8940.55

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1119 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GREGORY A BLAIR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011290

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1406.95

B.

Full Name (Last, First, Middle Initial)

GREGORY A BLAIR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011473

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1406.96

C.

Full Name (Last, First, Middle Initial)

GREGORY A BLAIR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011574

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1402.99

**SUBTOTAL** of Disbursements This Page (optional) .....

4216.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1120 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MICHAEL F BOBER Mailing Address 320 1ST ST SE	<b>Transaction ID:</b> SB21-0.011291 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 4 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>2414.64</div>
<b>B.</b> Full Name (Last, First, Middle Initial) MICHAEL F BOBER Mailing Address 320 1ST ST SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21-0.011375 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>173.30</div>
<b>C.</b> Full Name (Last, First, Middle Initial) MICHAEL F BOBER Mailing Address 320 1ST ST SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21-0.011474 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 8 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2414.65</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

5002.59

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1121 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL F BOBER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011575

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

2403.69

B.

Full Name (Last, First, Middle Initial)

LISA BOOTHE

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011292

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

895.85

C.

Full Name (Last, First, Middle Initial)

LISA BOOTHE

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011475

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

895.86

SUBTOTAL of Disbursements This Page (optional) .....

4195.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1122 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LISA BOOTHE

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011576

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

891.88

B.

Full Name (Last, First, Middle Initial)

NATALIE BUCHANAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011293

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

1260.24

C.

Full Name (Last, First, Middle Initial)

NATALIE BUCHANAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011481

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

1260.25

SUBTOTAL of Disbursements This Page (optional) .....

3412.37

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1123 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NATALIE BUCHANAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011577

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

1256.29

B.

Full Name (Last, First, Middle Initial)

JOANNA BURGOS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011294

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

1850.15

C.

Full Name (Last, First, Middle Initial)

JOANNA BURGOS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011476

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

1850.15

SUBTOTAL of Disbursements This Page (optional) .....

4956.59

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1124 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JOANNA BURGOS	<b>Transaction ID:</b> SB21-0.011578 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1839.21</td> </tr> </table>	1839.21																			
1839.21																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ERIM V CANLIGIL	<b>Transaction ID:</b> SB21-0.011295 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	4		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1209.85</td> </tr> </table>	1209.85																			
1209.85																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ERIM V CANLIGIL	<b>Transaction ID:</b> SB21-0.011430 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	7		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td colspan="10">69.93</td> </tr> </table>	69.93																			
69.93																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3118.99**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1125 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ERIM V CANLIGIL	<b>Transaction ID:</b> SB21-0.011477 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	8		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1209.84</td> </tr> </table>	1209.84																			
1209.84																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ERIM V CANLIGIL	<b>Transaction ID:</b> SB21-0.011579 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1205.89</td> </tr> </table>	1205.89																			
1205.89																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) RYAN CARNEY	<b>Transaction ID:</b> SB21-0.011296 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	4		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2140.16</td> </tr> </table>	2140.16																			
2140.16																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

4555.89

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1126 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RYAN CARNEY

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011377

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	9

Amount of Each Disbursement this Period

1700.53

**B.**

Full Name (Last, First, Middle Initial)

RYAN CARNEY

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011478

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Amount of Each Disbursement this Period

2140.15

**C.**

Full Name (Last, First, Middle Initial)

RYAN CARNEY

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011580

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Amount of Each Disbursement this Period

2129.22

SUBTOTAL of Disbursements This Page (optional) .....

5969.90

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1127 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHRIS CARR

Mailing Address 2267 DESERT PRAIRIE ST

City LAS VEGAS State NV Zip Code 89135

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011189

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

9200.00

B.

Full Name (Last, First, Middle Initial)

GENEVIEVE CARTER

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011297

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

793.98

C.

Full Name (Last, First, Middle Initial)

GENEVIEVE CARTER

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011479

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

793.99

SUBTOTAL of Disbursements This Page (optional) .....

10787.97

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1128 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GENEVIEVE CARTER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011581

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

790.01

B.

Full Name (Last, First, Middle Initial)

BENJAMIN J CASSIDY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011298

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

1152.22

C.

Full Name (Last, First, Middle Initial)

BENJAMIN J CASSIDY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011480

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

1152.23

SUBTOTAL of Disbursements This Page (optional) .....

3094.46

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1129 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BENJAMIN J CASSIDY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011582

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

1148.27

B.

Full Name (Last, First, Middle Initial)

JOHN R CRISCUOLO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011299

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

1144.85

C.

Full Name (Last, First, Middle Initial)

JOHN R CRISCUOLO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011482

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

1144.84

SUBTOTAL of Disbursements This Page (optional) .....

3437.96

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1130 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN R CRISCUOLO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011583

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1140.89

B.

Full Name (Last, First, Middle Initial)

ERICA CROCKER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011300

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1306.67

C.

Full Name (Last, First, Middle Initial)

ERICA CROCKER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011379

Date of Disbursement

/   /

Amount of Each Disbursement this Period

188.89

**SUBTOTAL** of Disbursements This Page (optional) .....

2636.45

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1131 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ERICA CROCKER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011483

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1306.67

B.

Full Name (Last, First, Middle Initial)

ERICA CROCKER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011584

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1302.72

C.

Full Name (Last, First, Middle Initial)

CALEB F CROSBY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011301

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4263.23

SUBTOTAL of Disbursements This Page (optional) .....

6872.62

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1132 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CALEB F CROSBY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.011484

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4263.24

**B.**

Full Name (Last, First, Middle Initial)

CALEB F CROSBY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.011585

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4252.30

**C.**

Full Name (Last, First, Middle Initial)

JORDAN N DAVIS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.011302

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1708.12

**SUBTOTAL** of Disbursements This Page (optional) .....

10223.66

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1133 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JORDAN N DAVIS

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011485

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Amount of Each Disbursement this Period

1708.11

**B.**

Full Name (Last, First, Middle Initial)

JORDAN N DAVIS

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011586

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Amount of Each Disbursement this Period

1697.17

**C.**

Full Name (Last, First, Middle Initial)

JOHN J DESTEFANO

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011304

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Amount of Each Disbursement this Period

3292.68

SUBTOTAL of Disbursements This Page (optional) .....

6697.96

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1134 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN J DESTEFANO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011486

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3292.68

B.

Full Name (Last, First, Middle Initial)

JOHN J DESTEFANO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011587

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3288.72

C.

Full Name (Last, First, Middle Initial)

THOMAS J DUNN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011305

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1390.04

**SUBTOTAL** of Disbursements This Page (optional) .....

7971.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1135 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS J DUNN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011487

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1376.89

B.

Full Name (Last, First, Middle Initial)

THOMAS J DUNN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011588

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1372.94

C.

Full Name (Last, First, Middle Initial)

JAMES DURRETT

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011306

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1468.88

**SUBTOTAL** of Disbursements This Page (optional) .....

4218.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1136 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAMES DURRETT

Mailing Address 320 1ST STREET SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011404

Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

2382.60

B.

Full Name (Last, First, Middle Initial)

JAMES DURRETT

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011488

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

1468.88

C.

Full Name (Last, First, Middle Initial)

JAMES DURRETT

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011589

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

1464.93

SUBTOTAL of Disbursements This Page (optional) .....

5316.41

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1137 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRANDON T EDEN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011307

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1127.85

B.

Full Name (Last, First, Middle Initial)

BRANDON T EDEN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011489

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1127.85

C.

Full Name (Last, First, Middle Initial)

BRANDON T EDEN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011590

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1123.89

**SUBTOTAL** of Disbursements This Page (optional) .....

3379.59

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1138 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TRENT T EDWARDS

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011308

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Amount of Each Disbursement this Period

2276.59

**B.**

Full Name (Last, First, Middle Initial)

TRENT T EDWARDS

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011490

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Amount of Each Disbursement this Period

2276.59

**C.**

Full Name (Last, First, Middle Initial)

TRENT T EDWARDS

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011591

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Amount of Each Disbursement this Period

2272.61

SUBTOTAL of Disbursements This Page (optional) .....

6825.79

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1139 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THOMAS ERICKSON

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011309

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	9

Amount of Each Disbursement this Period

1674.34

**B.**

Full Name (Last, First, Middle Initial)

THOMAS ERICKSON

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011491

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	8		2	0	0	9

Amount of Each Disbursement this Period

1674.34

**C.**

Full Name (Last, First, Middle Initial)

THOMAS ERICKSON

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011645

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Amount of Each Disbursement this Period

1670.39

SUBTOTAL of Disbursements This Page (optional) .....

5019.07

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1140 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GABRIELE FORSYTH

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011310

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Amount of Each Disbursement this Period

2011.63

**B.**

Full Name (Last, First, Middle Initial)

GABRIELE FORSYTH

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011492

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Amount of Each Disbursement this Period

2011.61

**C.**

Full Name (Last, First, Middle Initial)

GABRIELE FORSYTH

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011592

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Amount of Each Disbursement this Period

2007.66

SUBTOTAL of Disbursements This Page (optional) .....

6030.90

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1141 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JESSICA C FURST	<b>Transaction ID:</b> SB21-0.011311 <b>Date of Disbursement</b>
Mailing Address 320 1ST ST SE	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 4 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAYROLL	<div>3833.83</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) JESSICA C FURST	<b>Transaction ID:</b> SB21-0.011381 <b>Date of Disbursement</b>
Mailing Address 320 1ST ST SE	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRAVEL	<div>23.58</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) JESSICA C FURST	<b>Transaction ID:</b> SB21-0.011433 <b>Date of Disbursement</b>
Mailing Address 320 1ST ST SE	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 7 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRAVEL	<div>144.96</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

4002.37

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1142 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**JESSICA C FURST**

Mailing Address **320 1ST ST SE**

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20003**

Purpose of Disbursement  
**PAYROLL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB21-0.011493**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**3833.82**

**B.**

Full Name (Last, First, Middle Initial)

**JESSICA C FURST**

Mailing Address **320 1ST ST SE**

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20003**

Purpose of Disbursement  
**PAYROLL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB21-0.011593**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**3829.87**

**C.**

Full Name (Last, First, Middle Initial)

**TIMOTHY GARON**

Mailing Address **320 1ST ST**

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20003**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB21-0.011382**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**813.73**

**SUBTOTAL** of Disbursements This Page (optional) .....

**8477.42**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1143 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TIMOTHY M GARON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011312

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2418.93

B.

Full Name (Last, First, Middle Initial)

TIMOTHY M GARON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011494

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2365.17

C.

Full Name (Last, First, Middle Initial)

TIMOTHY M GARON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011594

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2361.24

**SUBTOTAL** of Disbursements This Page (optional) .....

7145.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1144 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SCOTT GLUCK

Mailing Address 23721 NEW MOUNTAIN RD

City State Zip Code  
ALDIE VA 20105

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011195

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

10000.00

B.

Full Name (Last, First, Middle Initial)

ASHLEY GODWIN

Mailing Address 320 1ST ST SE

City State Zip Code  
WASHINGTON DC 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011313

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

1333.91

C.

Full Name (Last, First, Middle Initial)

ASHLEY GODWIN

Mailing Address 320 FIRST STREET SE

City State Zip Code  
WASHINGTON DC 20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011457

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

268.90

SUBTOTAL of Disbursements This Page (optional) .....

11602.81

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1145 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ASHLEY GODWIN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011500

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1333.90

B.

Full Name (Last, First, Middle Initial)

ASHLEY GODWIN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011595

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1329.96

C.

Full Name (Last, First, Middle Initial)

MICHAEL GOSCINSKI

Mailing Address 2313 MANOMET COURT

City  
CROFTON

State  
MD

Zip Code  
21114

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011279

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3663.86

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1146 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL GOSCINSKI

Mailing Address 2313 MANOMET COURT

City  
CROFTONState  
MDZip Code  
21114Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011406

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

BRANDON GRAVLEY

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011458

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	9

Amount of Each Disbursement this Period

146.31

**C.**

Full Name (Last, First, Middle Initial)

BRANDON M GRAVLEY

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011314

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Amount of Each Disbursement this Period

1546.26

SUBTOTAL of Disbursements This Page (optional) .....

2692.57

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1147 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRANDON M GRAVLEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011495

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

1546.26

B.

Full Name (Last, First, Middle Initial)

BRANDON M GRAVLEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011597

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

1542.31

C.

Full Name (Last, First, Middle Initial)

GEORGE G GRIFFIN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011315

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

2688.72

SUBTOTAL of Disbursements This Page (optional) .....

5777.29

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1148 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GEORGE G GRIFFIN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011496

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2688.72

B.

Full Name (Last, First, Middle Initial)

GEORGE G GRIFFIN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011598

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2677.78

C.

Full Name (Last, First, Middle Initial)

MICHAEL HAIDET

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011434

Date of Disbursement

/   /

Amount of Each Disbursement this Period

43.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5409.50

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1149 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ORRIN L HARRISON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011316

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

3976.32

B.

Full Name (Last, First, Middle Initial)

ORRIN L HARRISON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011383

Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

898.56

C.

Full Name (Last, First, Middle Initial)

ORRIN L HARRISON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011497

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

3976.31

SUBTOTAL of Disbursements This Page (optional) .....

8851.19

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1150 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) ORRIN L HARRISON	<b>Transaction ID:</b> SB21-0.011599
	Mailing Address 320 1ST ST SE	Date of Disbursement
	City WASHINGTON State DC Zip Code 20003	<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>2</div> </div> <div> <div>3</div> <div>1</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>9</div> </div>
	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period
	Candidate Name	<div>3965.38</div>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b>	Full Name (Last, First, Middle Initial) MARY-MARGARET HASSLOCHER	<b>Transaction ID:</b> SB21-0.011317
	Mailing Address 320 1ST ST SE	Date of Disbursement
	City WASHINGTON State DC Zip Code 20003	<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>2</div> </div> <div> <div>0</div> <div>4</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>9</div> </div>
	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period
	Candidate Name	<div>910.14</div>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b>	Full Name (Last, First, Middle Initial) MARY-MARGARET HASSLOCHER	<b>Transaction ID:</b> SB21-0.011498
	Mailing Address 320 1ST ST SE	Date of Disbursement
	City WASHINGTON State DC Zip Code 20003	<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>2</div> </div> <div> <div>1</div> <div>8</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>9</div> </div>
	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period
	Candidate Name	<div>910.14</div>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**5785.66**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1151 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY-MARGARET HASSLOCHER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011600

Date of Disbursement

/   /

Amount of Each Disbursement this Period

906.18

B.

Full Name (Last, First, Middle Initial)

HEATHER HENDERSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011318

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1370.35

C.

Full Name (Last, First, Middle Initial)

HEATHER HENDERSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011499

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1370.36

**SUBTOTAL** of Disbursements This Page (optional) .....

3646.89

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1152 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HEATHER HENDERSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011601

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

1366.39

B.

Full Name (Last, First, Middle Initial)

ROBERT P HONOLD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011319

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

2445.93

C.

Full Name (Last, First, Middle Initial)

ROBERT P HONOLD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011501

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

2763.43

SUBTOTAL of Disbursements This Page (optional) .....

6575.75

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1153 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT P HONOLD

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011602

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Amount of Each Disbursement this Period

2759.49

**B.**

Full Name (Last, First, Middle Initial)

CURTIS ISAKSON

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011320

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Amount of Each Disbursement this Period

1023.57

**C.**

Full Name (Last, First, Middle Initial)

CURTIS ISAKSON

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011502

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Amount of Each Disbursement this Period

1023.58

SUBTOTAL of Disbursements This Page (optional) .....

4806.64

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1154 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CURTIS ISAKSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011603

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

1019.61

B.

Full Name (Last, First, Middle Initial)

JESSICA JAMES

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011321

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

955.53

C.

Full Name (Last, First, Middle Initial)

JESSICA JAMES

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011510

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

955.53

SUBTOTAL of Disbursements This Page (optional) .....

2930.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1155 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JESSICA JAMES

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011604

Date of Disbursement

/   /

Amount of Each Disbursement this Period

951.57

B.

Full Name (Last, First, Middle Initial)

JAMES R JETTON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011322

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1348.56

C.

Full Name (Last, First, Middle Initial)

JAMES R JETTON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011509

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1348.56

**SUBTOTAL** of Disbursements This Page (optional) .....

3648.69

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1157 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TODD R JOHNSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011606

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

1620.94

B.

Full Name (Last, First, Middle Initial)

MARY E KAHLSTORF

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011324

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

1330.95

C.

Full Name (Last, First, Middle Initial)

MARY E KAHLSTORF

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011384

Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

1047.34

SUBTOTAL of Disbursements This Page (optional) .....

3999.23

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1158 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARY E KAHLSTORF

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011505

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Amount of Each Disbursement this Period

1330.95

**B.**

Full Name (Last, First, Middle Initial)

MARY E KAHLSTORF

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011607

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Amount of Each Disbursement this Period

1326.98

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL R KAPLAN

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011262

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	9

Amount of Each Disbursement this Period

434.80

SUBTOTAL of Disbursements This Page (optional) .....

3092.73

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL R KAPLAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011325

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1015.45

B.

Full Name (Last, First, Middle Initial)

MICHAEL R KAPLAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011506

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1015.45

C.

Full Name (Last, First, Middle Initial)

MICHAEL R KAPLAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011608

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1011.49

**SUBTOTAL** of Disbursements This Page (optional) .....

3042.39

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JANICE L KNOPP

Mailing Address 236 KENTUCKY AVE SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011201

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10000.00

**B.**

Full Name (Last, First, Middle Initial)

BRICE A KORNEGAY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011326

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1327.05

**C.**

Full Name (Last, First, Middle Initial)

BRICE A KORNEGAY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011507

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1327.06

**SUBTOTAL** of Disbursements This Page (optional) .....

12654.11

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1161 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRICE A KORNEGAY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011609

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1323.08

B.

Full Name (Last, First, Middle Initial)

ALEXANDER LAWHON

Mailing Address 320 FIRST STREET SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011170

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1844.20

C.

Full Name (Last, First, Middle Initial)

ALEXANDER LAWHON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011327

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2919.76

**SUBTOTAL** of Disbursements This Page (optional) .....

6087.04

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1162 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALEXANDER LAWHON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011508

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

2919.75

B.

Full Name (Last, First, Middle Initial)

ALEXANDER LAWHON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011610

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

2908.83

C.

Full Name (Last, First, Middle Initial)

SHAUN LEDGERWOOD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011328

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

1991.97

SUBTOTAL of Disbursements This Page (optional) .....

7820.55

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1163 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SHAUN LEDGERWOOD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011511

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1991.95

B.

Full Name (Last, First, Middle Initial)

SHAUN LEDGERWOOD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011611

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1981.02

C.

Full Name (Last, First, Middle Initial)

PAUL A LINDSAY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011329

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2187.11

**SUBTOTAL** of Disbursements This Page (optional) .....

6160.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1164 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAUL A LINDSAY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011512

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2187.13

B.

Full Name (Last, First, Middle Initial)

PAUL A LINDSAY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011612

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2183.17

C.

Full Name (Last, First, Middle Initial)

MICHAEL LYNCH

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011385

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

4870.30

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1165 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

REBECCA MARK

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011330

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1406.27

B.

Full Name (Last, First, Middle Initial)

REBECCA MARK

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011513

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1406.26

C.

Full Name (Last, First, Middle Initial)

REBECCA MARK

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011613

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1402.31

SUBTOTAL of Disbursements This Page (optional) .....

4214.84

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1166 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SALVATORE MAZZOLA

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011332

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2189.30

B.

Full Name (Last, First, Middle Initial)

SALVATORE MAZZOLA

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011436

Date of Disbursement

/   /

Amount of Each Disbursement this Period

510.80

C.

Full Name (Last, First, Middle Initial)

SALVATORE MAZZOLA

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011515

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2189.29

SUBTOTAL of Disbursements This Page (optional) .....

4889.39

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1168 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SALLY D MCALLISTER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011616

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

2852.61

B.

Full Name (Last, First, Middle Initial)

BROCK MCCLEARY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011517

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

2356.90

C.

Full Name (Last, First, Middle Initial)

BROCK MCCLEARY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011617

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

2352.94

SUBTOTAL of Disbursements This Page (optional) .....

7562.45

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1169 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KEVIN W MCGRANN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011263

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

774.90

B.

Full Name (Last, First, Middle Initial)

KEVIN W MCGRANN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011334

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

415.11

C.

Full Name (Last, First, Middle Initial)

KEVIN W MCGRANN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011518

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

415.12

SUBTOTAL of Disbursements This Page (optional) .....

1605.13

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1170 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KEVIN W MCGRANN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011618

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

411.15

B.

Full Name (Last, First, Middle Initial)

BRANDON MILLS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011335

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

1136.71

C.

Full Name (Last, First, Middle Initial)

BRANDON MILLS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011519

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

1136.69

SUBTOTAL of Disbursements This Page (optional) .....

2684.55

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1171 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRANDON MILLS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011619

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

1132.74

B.

Full Name (Last, First, Middle Initial)

GEORGE NASSAR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011336

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

931.20

C.

Full Name (Last, First, Middle Initial)

GEORGE NASSAR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011520

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

931.20

SUBTOTAL of Disbursements This Page (optional) .....

2995.14

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1172 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GEORGE NASSAR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011620

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

927.25

B.

Full Name (Last, First, Middle Initial)

JENNIFER NELSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011337

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

1137.01

C.

Full Name (Last, First, Middle Initial)

JENNIFER NELSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011521

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

1137.03

SUBTOTAL of Disbursements This Page (optional) .....

3201.29

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1173 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JENNIFER NELSON

Mailing Address 320 FIRST STREET SE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011552

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

57.76

B.

Full Name (Last, First, Middle Initial)

JENNIFER NELSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011621

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

1133.06

C.

Full Name (Last, First, Middle Initial)

JOHN D NEUMANN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011338

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

2265.09

SUBTOTAL of Disbursements This Page (optional) .....

3455.91

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1174 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN D NEUMANN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011522

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

2265.10

B.

Full Name (Last, First, Middle Initial)

JOHN D NEUMANN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011622

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

2261.13

C.

Full Name (Last, First, Middle Initial)

BENJAMIN M OTTENHOFF

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011339

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

1792.35

SUBTOTAL of Disbursements This Page (optional) .....

6318.58

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1175 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BENJAMIN M OTTENHOFF

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011523

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1792.35

B.

Full Name (Last, First, Middle Initial)

BENJAMIN M OTTENHOFF

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011623

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1788.38

C.

Full Name (Last, First, Middle Initial)

LIBRADO PADILLA

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011340

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2085.27

**SUBTOTAL** of Disbursements This Page (optional) .....

5666.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1176 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LIBRADO PADILLA

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011524

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

2085.28

B.

Full Name (Last, First, Middle Initial)

LIBRADO PADILLA

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011624

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

2081.32

C.

Full Name (Last, First, Middle Initial)

LINDSAY PERKINSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011267

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

897.92

SUBTOTAL of Disbursements This Page (optional) .....

5064.52

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1177 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LINDSAY PERKINSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011341

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1368.62

B.

Full Name (Last, First, Middle Initial)

LINDSAY PERKINSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011525

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1368.62

C.

Full Name (Last, First, Middle Initial)

LINDSAY PERKINSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011625

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1364.66

**SUBTOTAL** of Disbursements This Page (optional) .....

4101.90

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1178 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM PLASTER

Mailing Address 14 E BELLEFONTE AVE

City  
ALEXANDRIAState  
VAZip Code  
22301Purpose of Disbursement  
COMPUTER SUPPORT

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011205

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	9

Amount of Each Disbursement this Period

10000.00

**B.**

Full Name (Last, First, Middle Initial)

THOMAS PREWITT

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011342

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	9

Amount of Each Disbursement this Period

1209.85

**C.**

Full Name (Last, First, Middle Initial)

THOMAS PREWITT

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011526

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	8		2	0	0	9

Amount of Each Disbursement this Period

1209.85

SUBTOTAL of Disbursements This Page (optional) .....

12419.70

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1179 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THOMAS PREWITT

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011626

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Amount of Each Disbursement this Period

1205.89

**B.**

Full Name (Last, First, Middle Initial)

JOHN RANDALL

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011269

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	9

Amount of Each Disbursement this Period

101.75

**C.**

Full Name (Last, First, Middle Initial)

JOHN R RANDALL

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011343

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Amount of Each Disbursement this Period

2874.75

SUBTOTAL of Disbursements This Page (optional) .....

4182.39

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1180 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN R RANDALL

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011527

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

2874.76

B.

Full Name (Last, First, Middle Initial)

JOHN R RANDALL

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011627

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

2863.81

C.

Full Name (Last, First, Middle Initial)

BRANDON RAY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011344

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

913.42

SUBTOTAL of Disbursements This Page (optional) .....

6651.99

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1181 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRANDON RAY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011528

Date of Disbursement

/   /

Amount of Each Disbursement this Period

913.43

B.

Full Name (Last, First, Middle Initial)

BRANDON RAY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011628

Date of Disbursement

/   /

Amount of Each Disbursement this Period

909.46

C.

Full Name (Last, First, Middle Initial)

CELIA RILEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011270

Date of Disbursement

/   /

Amount of Each Disbursement this Period

151.18

**SUBTOTAL** of Disbursements This Page (optional) .....

1974.07

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1182 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CELIA RILEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011345

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1317.79

B.

Full Name (Last, First, Middle Initial)

CELIA RILEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011529

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1317.79

C.

Full Name (Last, First, Middle Initial)

CELIA RILEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011629

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1313.84

**SUBTOTAL** of Disbursements This Page (optional) .....

3949.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1183 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JESSE H ROMAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.011346

Date of Disbursement

/   /

Amount of Each Disbursement this Period

891.70

**B.**

Full Name (Last, First, Middle Initial)

JESSE H ROMAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.011530

Date of Disbursement

/   /

Amount of Each Disbursement this Period

891.70

**C.**

Full Name (Last, First, Middle Initial)

JESSE H ROMAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.011630

Date of Disbursement

/   /

Amount of Each Disbursement this Period

887.75

**SUBTOTAL** of Disbursements This Page (optional) .....

2671.15

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1184 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PABLO SANCHEZ

Mailing Address 1032 N DANVILLE ST

City ARLINGTON State VA Zip Code 22204

Purpose of Disbursement  
PERSONNEL SVC

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011207

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	9

Amount of Each Disbursement this Period

5167.00

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH G SCIARRINO

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011351

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Amount of Each Disbursement this Period

1195.62

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH G SCIARRINO

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011531

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Amount of Each Disbursement this Period

1195.62

SUBTOTAL of Disbursements This Page (optional) .....

7558.24

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1185 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JOSEPH G SCIARRINO Mailing Address 320 1ST ST SE	<b>Transaction ID:</b> SB21-0.011631 <b>Date of Disbursement</b> <div> <div>12</div> <div>31</div> <div>2009</div> </div>
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1191.65</div>
<b>B.</b> Full Name (Last, First, Middle Initial) ANDREW SERE Mailing Address 320 1ST ST SE	<b>Transaction ID:</b> SB21-0.011347 <b>Date of Disbursement</b> <div> <div>12</div> <div>04</div> <div>2009</div> </div>
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1940.59</div>
<b>C.</b> Full Name (Last, First, Middle Initial) ANDREW SERE Mailing Address 320 1ST ST SE	<b>Transaction ID:</b> SB21-0.011532 <b>Date of Disbursement</b> <div> <div>12</div> <div>18</div> <div>2009</div> </div>
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1940.58</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

5072.82

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1186 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ANDREW SERE

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011632

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

1936.63

B.

Full Name (Last, First, Middle Initial)

DONALD P SEYMOUR, JR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011348

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

940.95

C.

Full Name (Last, First, Middle Initial)

DONALD P SEYMOUR, JR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011533

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

940.94

SUBTOTAL of Disbursements This Page (optional) .....

3818.52

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1187 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DONALD P SEYMOUR, JR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.011634

Date of Disbursement

/   /

Amount of Each Disbursement this Period

930.02

**B.**

Full Name (Last, First, Middle Initial)

JENNIFER S SHEFFIELD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.011349

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2691.32

**C.**

Full Name (Last, First, Middle Initial)

JENNIFER S SHEFFIELD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.011387

Date of Disbursement

/   /

Amount of Each Disbursement this Period

531.42

**SUBTOTAL** of Disbursements This Page (optional) .....

4152.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1188 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JENNIFER S SHEFFIELD	<b>Transaction ID:</b> SB21-0.011418 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td>128.00</td> </tr> </table>	128.00																			
128.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JENNIFER S SHEFFIELD	<b>Transaction ID:</b> SB21-0.011465 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	7		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td>527.35</td> </tr> </table>	527.35																			
527.35																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JENNIFER S SHEFFIELD	<b>Transaction ID:</b> SB21-0.011534 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	8		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>2691.34</td> </tr> </table>	2691.34																			
2691.34																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

3346.69

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1189 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JENNIFER S SHEFFIELD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011633

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

2885.76

B.

Full Name (Last, First, Middle Initial)

MIKE S SHIELDS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011350

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

4473.12

C.

Full Name (Last, First, Middle Initial)

MIKE S SHIELDS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011442

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

561.62

SUBTOTAL of Disbursements This Page (optional) .....

7920.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1190 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MIKE S SHIELDS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011538

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

4473.12

B.

Full Name (Last, First, Middle Initial)

MIKE S SHIELDS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011635

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

4462.18

C.

Full Name (Last, First, Middle Initial)

PAT SHORTRIDGE

Mailing Address 1505 OSPREY CT

City  
LINO LAKES

State  
MN

Zip Code  
55038

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011209

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

8350.00

SUBTOTAL of Disbursements This Page (optional) .....

17285.30

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1191 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

OLGA SKLYAROVA

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011443

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	9

Amount of Each Disbursement this Period

130.00

**B.**

Full Name (Last, First, Middle Initial)

KENNETH P SPAIN

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011352

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Amount of Each Disbursement this Period

3529.68

**C.**

Full Name (Last, First, Middle Initial)

KENNETH P SPAIN

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011537

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Amount of Each Disbursement this Period

3529.69

SUBTOTAL of Disbursements This Page (optional) .....

7189.37

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1192 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KENNETH P SPAIN

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011636

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Amount of Each Disbursement this Period

3529.69

**B.**

Full Name (Last, First, Middle Initial)

SAVANNAH R STEELE

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011353

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Amount of Each Disbursement this Period

1008.16

**C.**

Full Name (Last, First, Middle Initial)

SAVANNAH R STEELE

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011536

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Amount of Each Disbursement this Period

1008.16

SUBTOTAL of Disbursements This Page (optional) .....

5546.01

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1193 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SAVANNAH R STEELE

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.011637

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1004.20

**B.**

Full Name (Last, First, Middle Initial)

PETER STEINHAUSER

Mailing Address 3270 LAKESHORE DRIVE, STE 9D

City  
CHICAGO

State  
IL

Zip Code  
60657

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.011420

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1441.32

**C.**

Full Name (Last, First, Middle Initial)

MARY STITT

Mailing Address 1478 NORIDGE TRAIL

City  
PORT WASHINGTON

State  
WI

Zip Code  
53074

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.011181

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2750.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5195.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1194 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY STITT

Mailing Address 1478 NORIDGE TRAIL

City  
PORT WASHINGTON

State  
WI

Zip Code  
53074

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011421

Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

200.00

B.

Full Name (Last, First, Middle Initial)

JONATHAN THOMPSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011354

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

1205.62

C.

Full Name (Last, First, Middle Initial)

JONATHAN THOMPSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011539

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

1205.62

SUBTOTAL of Disbursements This Page (optional) .....

2611.24

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1195 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JONATHAN THOMPSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011638

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

1201.66

B.

Full Name (Last, First, Middle Initial)

HOLLY THURMOND

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011355

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

906.68

C.

Full Name (Last, First, Middle Initial)

HOLLY THURMOND

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011540

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

906.68

SUBTOTAL of Disbursements This Page (optional) .....

3015.02

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1196 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HOLLY THURMOND

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011639

Date of Disbursement

/   /

Amount of Each Disbursement this Period

902.73

B.

Full Name (Last, First, Middle Initial)

ELIZABETH W VERRILL

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011357

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4433.81

C.

Full Name (Last, First, Middle Initial)

ELIZABETH W VERRILL

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011424

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1129.31

**SUBTOTAL** of Disbursements This Page (optional) .....

6465.85

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1197 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ELIZABETH W VERRILL	<b>Transaction ID:</b> SB21-0.011541 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	8		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">4433.81</td> </tr> </table>	4433.81																			
4433.81																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ELIZABETH W VERRILL	<b>Transaction ID:</b> SB21-0.011641 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">4422.87</td> </tr> </table>	4422.87																			
4422.87																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MARY ANN VOIGT	<b>Transaction ID:</b> SB21-0.011358 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	4		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1603.24</td> </tr> </table>	1603.24																			
1603.24																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

10459.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1198 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY ANN VOIGT

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011542

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

1603.24

B.

Full Name (Last, First, Middle Initial)

MARY ANN VOIGT

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011642

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

1599.29

C.

Full Name (Last, First, Middle Initial)

BRIAN O WALSH

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011360

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

3976.65

SUBTOTAL of Disbursements This Page (optional) .....

7179.18

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1199 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRIAN O WALSH

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011448

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

1098.41

B.

Full Name (Last, First, Middle Initial)

BRIAN O WALSH

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011543

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

3976.65

C.

Full Name (Last, First, Middle Initial)

BRIAN O WALSH

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011643

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

3972.69

SUBTOTAL of Disbursements This Page (optional) .....

9047.75

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1200 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOE N WYNN, JR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011359

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1385.58

B.

Full Name (Last, First, Middle Initial)

JOE N WYNN, JR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011544

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1385.56

C.

Full Name (Last, First, Middle Initial)

JOE N WYNN, JR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011644

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1381.60

SUBTOTAL of Disbursements This Page (optional) .....

4152.74

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1201 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

A VISTA EVENTS

Mailing Address 11900 BALTIMORE AVENUE, UNIT A

City State Zip Code  
BELTSVILLE MD 20705Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011453

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	9

Amount of Each Disbursement this Period

156.00

**B.**

Full Name (Last, First, Middle Initial)

ABIS INC

Mailing Address 10330 S DOLFIELD RD

City State Zip Code  
OWINGS MILLS MD 21117Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011395

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	9

Amount of Each Disbursement this Period

9855.00

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 1270

City State Zip Code  
NEWARK NJ 07101-1270Purpose of Disbursement  
CREDIT CARD

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011450

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	9

Amount of Each Disbursement this Period

55658.72

SUBTOTAL of Disbursements This Page (optional) .....

65669.72

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1202 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMAZON.COM

Mailing Address 1200 12TH AVE

City  
SEATTLE

State  
WA

Zip Code  
98144

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012381

Date of Disbursement

/   /

Amount of Each Disbursement this Period

238.35

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

AMAZON.COM

Mailing Address 1200 12TH AVE

City  
SEATTLE

State  
WA

Zip Code  
98144

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012383

Date of Disbursement

/   /

Amount of Each Disbursement this Period

83.71

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

AMERICAN AIRLINES

Mailing Address PO BOX 620081

City  
DALLAS

State  
TX

Zip Code  
75262

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012385

Date of Disbursement

/   /

Amount of Each Disbursement this Period

568.30

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1204 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
CHARLIE PALMER STEAKHOUSE

Mailing Address 101 CONSTITUTION AVE NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012393

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

3330.78

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
COSI

Mailing Address 1751 LAKE COOK RD

City CHICAGO State IL Zip Code 60015

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012395

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

185.34

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
DELTA AIRLINES INC

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012401

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

536.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1205 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DELTA AIRLINES INC

Mailing Address PO BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012403

Date of Disbursement

/   /

Amount of Each Disbursement this Period

491.30

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

FACEBOOK

Mailing Address 1601 S CALIFORNIA AVE

City  
PALO ALTO

State  
CA

Zip Code  
94304

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012405

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

FIREHOOK BAKERY

Mailing Address 215 PENNSYLVANIA AVE SE

City  
WASHINGTON

State  
DC

Zip Code  
20004

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012409

Date of Disbursement

/   /

Amount of Each Disbursement this Period

22.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1206 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**GOODIESTORE INC**

Mailing Address **12650 W 64TH AVE**  
**UNIT E 408**

City **ARVADA** State **CO** Zip Code **80004**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB21-0.012411**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**62.89**

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

**HYATT HOTELS**

Mailing Address **71 S WACKER DR**  
**16TH FLOOR**

City **CHICAGO** State **IL** Zip Code **60606**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB21-0.012413**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**122.05**

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

**HYATT HOTELS**

Mailing Address **71 S WACKER DR**  
**16TH FLOOR**

City **CHICAGO** State **IL** Zip Code **60606**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB21-0.012415**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**122.06**

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1207 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) HYATT HOTELS</p> <hr/> <p>Mailing Address 71 S WACKER DR 16TH FLOOR</p> <hr/> <p>City CHICAGO State IL Zip Code 60606</p> <hr/> <p>Purpose of Disbursement TRAVEL</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-0.012417</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 7 / 2 0 0 9</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period</p> <div>122.06</div> <hr/> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) HYATT HOTELS</p> <hr/> <p>Mailing Address 71 S WACKER DR 16TH FLOOR</p> <hr/> <p>City CHICAGO State IL Zip Code 60606</p> <hr/> <p>Purpose of Disbursement TRAVEL</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-0.012419</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 7 / 2 0 0 9</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period</p> <div>122.05</div> <hr/> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) JOHNNYS HALF SHELL</p> <hr/> <p>Mailing Address 400 N CAPITOL ST NW</p> <hr/> <p>City WASHINGTON State DC Zip Code 20001</p> <hr/> <p>Purpose of Disbursement CATERING</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-0.012421</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 7 / 2 0 0 9</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period</p> <div>8009.45</div> <hr/> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1208 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KEENZO ELECTRONICS

Mailing Address 350 JERICHO TURNPIKE  
STE 206

City JERICHO State NY Zip Code 11753

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.012472

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

58.99

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

LEXAR MEDIA INC

Mailing Address 47300 BAYSIDE PKWY

City FREEMONT State CA Zip Code 94538

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.012399

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

179.99

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

LEXIS-NEXIS

Mailing Address PO BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170-7090

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.012423

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

858.14

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1209 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LEXIS-NEXIS

Mailing Address PO BOX 7247-7090

City  
PHILADELPHIA

State  
PA

Zip Code  
19170-7090

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.012425

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1716.25

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

LEXIS-NEXIS

Mailing Address PO BOX 7247-7090

City  
PHILADELPHIA

State  
PA

Zip Code  
19170-7090

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.012427

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1716.25

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

LEXIS-NEXIS

Mailing Address PO BOX 7247-7090

City  
PHILADELPHIA

State  
PA

Zip Code  
19170-7090

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.012429

Date of Disbursement

/   /

Amount of Each Disbursement this Period

11155.68

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1210 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARRIOTT GROUP

Mailing Address 211 NORTH UNION ST  
SUITE 220

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012407

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	0	9

Amount of Each Disbursement this Period

384.20

**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

MARRIOTT HOTELS

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012397

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	0	9

Amount of Each Disbursement this Period

692.27

**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MARRIOTT HOTELS

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012431

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	0	9

Amount of Each Disbursement this Period

978.66

**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1211 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ONE NINETY ONE CLUB

Mailing Address 191 PEACHTREE ST NE

City  
ATLANTA

State  
GA

Zip Code  
30303

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012433

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

628.50

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

ONE NINETY ONE CLUB

Mailing Address 191 PEACHTREE ST NE

City  
ATLANTA

State  
GA

Zip Code  
30303

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012435

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

628.50

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

ONE NINETY ONE CLUB

Mailing Address 191 PEACHTREE ST NE

City  
ATLANTA

State  
GA

Zip Code  
30303

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012437

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

628.50

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1212 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ONE NINETY ONE CLUB

Mailing Address 191 PEACHTREE ST NE

City  
ATLANTA

State  
GA

Zip Code  
30303

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012439

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

628.50

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

PAYPAL INC

Mailing Address 2211 N 1ST ST

City  
SAN JOSE

State  
CA

Zip Code  
95131

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012441

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

59.95

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

PIZZA BOLIS

Mailing Address 5725 FALLS RD

City  
BALTIMORE

State  
MD

Zip Code  
21209

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012443

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

58.60

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1213 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SAFEWAY

Mailing Address 5918 STONERIDGE MALL RD

City  
PLEASANTON

State  
CA

Zip Code  
94588

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012445

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

136.31

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

SOUTHWEST AIRLINES

Mailing Address PO BOX 36647-ICR

City  
DALLAS

State  
TX

Zip Code  
75235

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012447

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

126.10

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

SOUTHWEST AIRLINES

Mailing Address PO BOX 36647-ICR

City  
DALLAS

State  
TX

Zip Code  
75235

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012449

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

100.60

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1214 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STANFORD PARK HOTEL

Mailing Address 100 EL CAMINO REAL

City  
MENLO PARK

State  
CA

Zip Code  
94025

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012451

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

1741.88

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

STAPLES CREDIT PLAN

Mailing Address 8725 W SAHARA

City  
LAS VEGAS

State  
NV

Zip Code  
89163

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012453

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

21.18

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

THE BROWN BAG

Mailing Address 1099 14TH ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012455

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

106.52

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1215 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

UPS

Mailing Address PO BOX 7247-0244

City  
PHILADELPHIAState  
PAZip Code  
19170-0001Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012457

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	0	9

Amount of Each Disbursement this Period

651.22

**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

US AIRWAYS

Mailing Address 2345 CRYSTAL DR

City  
ARLINGTONState  
VAZip Code  
22227Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012475

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	0	9

Amount of Each Disbursement this Period

-261.60

**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address PO BOX 660720

City  
DALLASState  
TXZip Code  
75266-0720Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012464

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	0	9

Amount of Each Disbursement this Period

414.49

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1216 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address PO BOX 660720

City  
DALLAS

State  
TX

Zip Code  
75266-0720

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.012466

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

3358.71

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

VERIZON BUSINESS

Mailing Address PO BOX 371392

City  
PITTSBURGH

State  
PA

Zip Code  
15250-7392

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.012462

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

3980.01

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

VERIZON WIRELESS

Mailing Address PO BOX 25505

City  
LEHIGH VALLEY

State  
PA

Zip Code  
18002-5505

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.012468

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

7031.08

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1217 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
WASHINGTON METRO AREA TRANSIT AUTHORITY

Mailing Address 600 5TH ST NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012470

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

2238.60

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
ZONES

Mailing Address PO BOX 34740

City SEATTLE State WA Zip Code 98124-1740

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.012474

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

75.86

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS MERCHANT ACCOUNT

Mailing Address PO BOX 981532

City EL PASO State TX Zip Code 79998

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011713

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

2771.78

**SUBTOTAL** of Disbursements This Page (optional) .....

2771.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1218 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS MERCHANT ACCOUNT	<b>Transaction ID:</b> SB21-0.011715 <b>Date of Disbursement</b>
Mailing Address PO BOX 981532	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 1 / 2 0 0 9</div> </div>
City EL PASO State TX Zip Code 79998	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement BANK FEE Candidate Name	<div> <div>11.42</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS MERCHANT ACCOUNT	<b>Transaction ID:</b> SB21-0.011721 <b>Date of Disbursement</b>
Mailing Address PO BOX 981532	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 1 / 2 0 0 9</div> </div>
City EL PASO State TX Zip Code 79998	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement BANK FEE Candidate Name	<div> <div>342.12</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS MERCHANT ACCOUNT	<b>Transaction ID:</b> SB21-0.011726 <b>Date of Disbursement</b>
Mailing Address PO BOX 981532	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 1 / 2 0 0 9</div> </div>
City EL PASO State TX Zip Code 79998	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement BANK FEE Candidate Name	<div> <div>2029.74</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**2383.28**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1219 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A. Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS MERCHANT ACCOUNT**

Mailing Address PO BOX 981532

City EL PASO State TX Zip Code 79998

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011730

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Amount of Each Disbursement this Period

271.66

**B. Full Name (Last, First, Middle Initial)  
AUTOMATIC DATA PROCESSING**

Mailing Address PO BOX 9001006

City LOUISVILLE State KY Zip Code 40290-1006

Purpose of Disbursement  
PAYROLL SVC

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011253

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	9

Amount of Each Disbursement this Period

495.61

**C. Full Name (Last, First, Middle Initial)  
AUTOMATIC DATA PROCESSING**

Mailing Address PO BOX 9001006

City LOUISVILLE State KY Zip Code 40290-1006

Purpose of Disbursement  
PAYROLL SVC

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011371

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	0		2	0	0	9

Amount of Each Disbursement this Period

354.61

SUBTOTAL of Disbursements This Page (optional) .....

1121.88

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1220 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
AVIS RENT A CAR SYSTEM INC

Mailing Address 7876 COLLECTIONS CENTER DR

City CHICAGO State IL Zip Code 60693

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011372

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	0		2	0	0	9

Amount of Each Disbursement this Period

1750.23

**B.** Full Name (Last, First, Middle Initial)  
AXIOM STRATEGIES, LLC

Mailing Address 1251 NW BRIARCLIFF PKWY, STE 85

City KANSAS CITY State MO Zip Code 64116

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011157

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	9

Amount of Each Disbursement this Period

3202.09

**C.** Full Name (Last, First, Middle Initial)  
BARTLETT AND COMPANY

Mailing Address 4900 MAIN, STE 1200

City KANSAS CITY State MO Zip Code 64112

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011276

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	9

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional) .....

5002.32

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1221 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BERKE & ASSOCIATES PLLC

Mailing Address 1901 PENNSYLVANIA AVE NW  
SUITE 300

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011374

Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

BLUE SWARM

Mailing Address 70 BROADWAY STREET

City WESTFORD State MA Zip Code 01886

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011396

Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

232.52

C.

Full Name (Last, First, Middle Initial)

BROADPOINT TECHNOLOGIES

Mailing Address 7617 ARLINGTON RD

City BETHESDA State MD Zip Code 20814

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011428

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

3150.00

SUBTOTAL of Disbursements This Page (optional) .....

8382.52

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1222 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BURCH MUNFORD DIRECT

Mailing Address 901 N WASHINGTON ST, STE 300

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011397

Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

17721.42

B.

Full Name (Last, First, Middle Initial)

CALVERT-JONES COMPANY

Mailing Address 5703 EDSALL RD

City  
ALEXANDRIA

State  
VA

Zip Code  
22304

Purpose of Disbursement  
EQUIPMENT MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011429

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

3073.28

C.

Full Name (Last, First, Middle Initial)

CAMPAIGN SOLUTIONS

Mailing Address 117 N. SAINT ASAPH ST

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011257

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

34391.94

SUBTOTAL of Disbursements This Page (optional) ▶

55186.64

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1223 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CAMPAIGN SOLUTIONS

Mailing Address 117 N. SAINT ASAPH ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011277

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	9

Amount of Each Disbursement this Period

4292.54

B.

Full Name (Last, First, Middle Initial)

CAMPAIGN SOLUTIONS

Mailing Address 117 N. SAINT ASAPH ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011454

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	0	9

Amount of Each Disbursement this Period

1721.94

C.

Full Name (Last, First, Middle Initial)

CAMPAIGN SOLUTIONS

Mailing Address 117 N. SAINT ASAPH ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
ECAMPAIGN CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011728

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Amount of Each Disbursement this Period

2443.98

SUBTOTAL of Disbursements This Page (optional) .....

8458.46

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1224 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL LISTS	<b>Transaction ID:</b> SB21-0.011159 <b>Date of Disbursement</b>																				
Mailing Address 264 N LUMPKIN STREET # 202	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	1		2	0	0	9												
City ATHENS State GA Zip Code 30601	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LIST RENTAL	<table border="1"> <tr> <td>1</td><td>5</td><td>6</td><td>2</td><td>6</td><td>.</td><td>2</td><td>6</td> </tr> </table>	1	5	6	2	6	.	2	6												
1	5	6	2	6	.	2	6														
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	<b>Transaction ID:</b> SB21-0.011398 <b>Date of Disbursement</b>																				
Mailing Address 300 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CATERING	<table border="1"> <tr> <td>8</td><td>5</td><td>6</td><td>6</td><td>.</td><td>3</td><td>2</td> </tr> </table>	8	5	6	6	.	3	2													
8	5	6	6	.	3	2															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CAREFREE OFFICE TECHNOLOGY INC	<b>Transaction ID:</b> SB21-0.011376 <b>Date of Disbursement</b>																				
Mailing Address 10400 EATON PL STE 105	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	0		2	0	0	9												
City FAIRFAX State VA Zip Code 22030	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td>1</td><td>7</td><td>3</td><td>.</td><td>8</td><td>0</td> </tr> </table>	1	7	3	.	8	0														
1	7	3	.	8	0																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**24366.38**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1225 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CAREFREE OFFICE TECHNOLOGY INC

Mailing Address 10400 EATON PL  
STE 105

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011431

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

134.65

B.

Full Name (Last, First, Middle Initial)

CD INC.

Mailing Address PO BOX 1877

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011259

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

1203.51

C.

Full Name (Last, First, Middle Initial)

CD INC.

Mailing Address PO BOX 1877

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011432

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

1561.59

SUBTOTAL of Disbursements This Page (optional) .....

2899.75

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1226 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PIKE

City  
FALLS CHURCHState  
VAZip Code  
22042Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011161

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	9

Amount of Each Disbursement this Period

3629.65

**B.**

Full Name (Last, First, Middle Initial)

COMMUNICATION CORP OF AMERICA

Mailing Address 13195 FREEDOM WAY

City  
BOSTONState  
VAZip Code  
22713Purpose of Disbursement  
PRINTING/POSTAGE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011162

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	9

Amount of Each Disbursement this Period

65575.28

**C.**

Full Name (Last, First, Middle Initial)

COMMUNICATION CORP OF AMERICA

Mailing Address 13195 FREEDOM WAY

City  
BOSTONState  
VAZip Code  
22713Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011400

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	9

Amount of Each Disbursement this Period

21903.16

SUBTOTAL of Disbursements This Page (optional) .....

91108.09

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1227 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

COMMUNICATION CORP OF AMERICA

Mailing Address 13195 FREEDOM WAY

City  
BOSTON

State  
VA

Zip Code  
22713

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011455

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

8500.00

B.

Full Name (Last, First, Middle Initial)

COMPTROLLER OF MARYLAND

Mailing Address STATE INCOME TAX BLDG

City  
ANNAPOLIS

State  
MD

Zip Code  
21411

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011363

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

301.04

C.

Full Name (Last, First, Middle Initial)

COMPTROLLER OF MARYLAND

Mailing Address STATE INCOME TAX BLDG

City  
ANNAPOLIS

State  
MD

Zip Code  
21411

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011547

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

301.04

SUBTOTAL of Disbursements This Page (optional) .....

9102.08

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1229 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
DAMASCUS TECHNOLOGIES

Mailing Address 108 MEADOWS LANE

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011402

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	0		2	0	0	9

Amount of Each Disbursement this Period

399.00

**B.** Full Name (Last, First, Middle Initial)  
DATALAB USA LLC

Mailing Address 20261 GOLDENROD LN

City GERMANTOWN State MD Zip Code 20876

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011163

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	9

Amount of Each Disbursement this Period

24168.31

**C.** Full Name (Last, First, Middle Initial)  
DATALAB USA LLC

Mailing Address 20261 GOLDENROD LN

City GERMANTOWN State MD Zip Code 20876

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011403

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	0		2	0	0	9

Amount of Each Disbursement this Period

44404.21

SUBTOTAL of Disbursements This Page (optional) .....

68971.52

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1230 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DC RENTAL

Mailing Address 3826 SOUTH FOUR MILE RUN DRIVE

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011278

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

308.00

**B.**

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 96384

City WASHINGTON State DC Zip Code 20090-6384

Purpose of Disbursement  
TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011260

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

430.64

**C.**

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 37630

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011361

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

4923.80

**SUBTOTAL** of Disbursements This Page (optional) .....

5662.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1231 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>DC TREASURER</b> <hr/> Mailing Address <b>PO BOX 1582</b>	<b>Transaction ID:</b> SB21-0.011362 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 4 / 2 0 0 9</div> </div>
<div> <div>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20013</b></div> <div> <div>Purpose of Disbursement <b>PAYROLL TAXES</b></div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>Category/Type</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>42.69</div>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>DC TREASURER</b> <hr/> Mailing Address <b>PO BOX 96384</b>	<b>Transaction ID:</b> SB21-0.011380 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 0 9</div> </div>
<div> <div>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20090-6384</b></div> <div> <div>Purpose of Disbursement <b>TAXES</b></div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>Category/Type</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>660.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>DC TREASURER</b> <hr/> Mailing Address <b>PO BOX 37630</b>	<b>Transaction ID:</b> SB21-0.011545 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 8 / 2 0 0 9</div> </div>
<div> <div>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20013</b></div> <div> <div>Purpose of Disbursement <b>PAYROLL TAXES</b></div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>Category/Type</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>6910.38</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**7613.07**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1232 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 1582

City  
WASHINGTON

State  
DC

Zip Code  
20013

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011546

Date of Disbursement

/   /

Amount of Each Disbursement this Period

212.31

B.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 37630

City  
WASHINGTON

State  
DC

Zip Code  
20013

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011646

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5565.63

C.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 1582

City  
WASHINGTON

State  
DC

Zip Code  
20013

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011647

Date of Disbursement

/   /

Amount of Each Disbursement this Period

72.12

**SUBTOTAL** of Disbursements This Page (optional) .....

5850.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1233 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DES MOINES EMBASSY CLUB

Mailing Address 801 GRAND AVENUE, STE 4000

City  
DES MOINES

State  
IA

Zip Code  
50309-2762

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011456

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

157.59

B.

Full Name (Last, First, Middle Initial)

DIRECT DATA GROUP

Mailing Address 10330 S DOLFIELD ROAD

City  
OWINGS MILLS

State  
MD

Zip Code  
21117

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011165

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

367.16

C.

Full Name (Last, First, Middle Initial)

DISCOVER FINANCIAL SERVICES

Mailing Address PO BOX 30943

City  
SALT LAKE CITY

State  
UT

Zip Code  
84130-0943

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011731

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

7.45

SUBTOTAL of Disbursements This Page (optional) .....

532.20

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1234 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

EMOTIVE

Mailing Address 2800 SHIRLINGTON RD  
STE 901

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011167

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

438.83

B.

Full Name (Last, First, Middle Initial)

EMOTIVE

Mailing Address 2800 SHIRLINGTON RD  
STE 901

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011405

Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

3606.22

C.

Full Name (Last, First, Middle Initial)

EPIPHANY PRODUCTIONS INC

Mailing Address 104 E HUME AVE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011193

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional) .....

14045.05

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1235 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GULF DIRECT

Mailing Address 8213 SHOAL CREEK BLVD  
STE 105

City Austin State TX Zip Code 78757

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011280

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

2402.28

B.

Full Name (Last, First, Middle Initial)

GULF DIRECT

Mailing Address 8213 SHOAL CREEK BLVD  
STE 105

City Austin State TX Zip Code 78757

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011407

Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

GULF DIRECT

Mailing Address 8213 SHOAL CREEK BLVD  
STE 105

City Austin State TX Zip Code 78757

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011459

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

16580.66

SUBTOTAL of Disbursements This Page (optional) .....

19982.94

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1236 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HOLTZMAN VOGEL PLLC

Mailing Address 45 NORTH HILL DR  
SUITE 100

City WARRENTON State VA Zip Code 20186

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011197

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

12500.00

B.

Full Name (Last, First, Middle Initial)

HUCKABY DAVIS LISKER

Mailing Address 228 S WASHINGTON ST  
STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011199

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

10000.00

C.

Full Name (Last, First, Middle Initial)

ICS CORPORATION

Mailing Address 2225 RICHMOND ST

City PHILADELPHIA State PA Zip Code 19125

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011408

Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

33046.61

SUBTOTAL of Disbursements This Page (optional) .....

55546.61

TOTAL This Period (last page this line number only) .....



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

12580.00

1667.00

207620.18

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1238 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City  
AKRON

State  
OH

Zip Code  
44333

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011409

Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

136722.93

B.

Full Name (Last, First, Middle Initial)

INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City  
AKRON

State  
OH

Zip Code  
44333

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011551

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

305248.01

C.

Full Name (Last, First, Middle Initial)

INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City  
AKRON

State  
OH

Zip Code  
44333

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011555

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

77448.77

SUBTOTAL of Disbursements This Page (optional) ▶

519419.71

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
**INTEGRATED CAMPAIGN SOLUTIONS**

Mailing Address 526 DAROCO AVENUE

City State Zip Code  
 CORAL GABLES FL 33146

Purpose of Disbursement  
 FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.011410

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6000.00

**B.** Full Name (Last, First, Middle Initial)  
**INTEGRATED CAMPAIGN SOLUTIONS**

Mailing Address 526 DAROCO AVENUE

City State Zip Code  
 CORAL GABLES FL 33146

Purpose of Disbursement  
 FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.011461

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6450.25

**C.** Full Name (Last, First, Middle Initial)  
**KONICA MINOLTA**

Mailing Address 21146 NETWORK PLACE

City State Zip Code  
 CHICAGO IL 60673-1211

Purpose of Disbursement  
 EQUIPMENT RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.011435

Date of Disbursement

/   /

Amount of Each Disbursement this Period

891.82

**SUBTOTAL** of Disbursements This Page (optional) .....

13342.07

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LEVEL 671 LLC

Mailing Address PO BOX 53190

City  
WASHINGTON

State  
DC

Zip Code  
20009

Purpose of Disbursement  
DATA ENTRY SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011286

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

2750.00

B.

Full Name (Last, First, Middle Initial)

MDI IMAGING AND MAIL

Mailing Address 21955 CASCADES PKWY

City  
DULLES

State  
VA

Zip Code  
20166

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011281

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

33000.00

C.

Full Name (Last, First, Middle Initial)

MERKLE INC

Mailing Address 100 JAMISON CT

City  
HAGERSTOWN

State  
MD

Zip Code  
21740

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011171

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

8273.00

SUBTOTAL of Disbursements This Page (optional) .....

44023.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**MOBILE FKM**

Mailing Address **1800 WEST LOOP SOUTH  
 SUITE 2100**

City **HOUSTON** State **TX** Zip Code **77027**

Purpose of Disbursement  
**ECAMPAIGN CONSULTING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB21-0.011264**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**4603.59**

**B.**

Full Name (Last, First, Middle Initial)

**MOBILE FKM**

Mailing Address **1800 WEST LOOP SOUTH  
 SUITE 2100**

City **HOUSTON** State **TX** Zip Code **77027**

Purpose of Disbursement  
**ECAMPAIGN CONSULTING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB21-0.011438**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**3626.37**

**C.**

Full Name (Last, First, Middle Initial)

**NATIONAL CAPITAL TELESERVICES LLC**

Mailing Address **300 5TH ST NE**

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement  
**FUNDRAISING PHONE CALLS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB21-0.011399**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**5306.00**

**SUBTOTAL** of Disbursements This Page (optional) .....

**13535.96**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NATIONAL FITNESS NETWORK

Mailing Address 14059 VISTA DR  
#140-B

City LAUREL State MD Zip Code 20707

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011265

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

440.00

B.

Full Name (Last, First, Middle Initial)

NEW ENGLAND PRESS INC

Mailing Address 1200 WAKE FOREST DR

City ALEXANDRIA State VA Zip Code 22307

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011411

Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

3610.68

C.

Full Name (Last, First, Middle Initial)

NOVA INFORMATION SYSTEMS INC

Mailing Address 607 N FREDERICK AVE

City GAITHERSBURG State MD Zip Code 20879

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011712

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

3658.04

SUBTOTAL of Disbursements This Page (optional) .....

7708.72

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NOVA INFORMATION SYSTEMS INC

Mailing Address 607 N FREDERICK AVE

City State Zip Code  
 GAITHERSBURG MD 20879

Purpose of Disbursement  
 BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.011714

Date of Disbursement

/   /

Amount of Each Disbursement this Period

142.29

**B.**

Full Name (Last, First, Middle Initial)

NOVA INFORMATION SYSTEMS INC

Mailing Address 607 N FREDERICK AVE

City State Zip Code  
 GAITHERSBURG MD 20879

Purpose of Disbursement  
 BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.011719

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2472.23

**C.**

Full Name (Last, First, Middle Initial)

NOVA INFORMATION SYSTEMS INC

Mailing Address 607 N FREDERICK AVE

City State Zip Code  
 GAITHERSBURG MD 20879

Purpose of Disbursement  
 BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.011725

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5569.60

**SUBTOTAL** of Disbursements This Page (optional) .....

8184.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NOVA INFORMATION SYSTEMS INC

Mailing Address 607 N FREDERICK AVE

City State Zip Code  
GAITHERSBURG MD 20879

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.011729

Date of Disbursement

/   /

Amount of Each Disbursement this Period

409.80

**B.**

Full Name (Last, First, Middle Initial)

NOVA INFORMATION SYSTEMS INC

Mailing Address 607 N FREDERICK AVE

City State Zip Code  
GAITHERSBURG MD 20879

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.011733

Date of Disbursement

/   /

Amount of Each Disbursement this Period

87.28

**C.**

Full Name (Last, First, Middle Initial)

ONMESSAGE INC

Mailing Address 2130 PRIEST BRIDGE DR # 11

City State Zip Code  
CROFTON MD 21114

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.011203

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

12497.08

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1245 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ONMESSAGE INC

Mailing Address 2130 PRIEST BRIDGE DR # 11

City  
CROFTON

State  
MD

Zip Code  
21114

Purpose of Disbursement  
MEDIA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011439

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

6646.00

B.

Full Name (Last, First, Middle Initial)

OVERRIDE PRO

Mailing Address P.O. BOX 93044

City  
LAKELAND

State  
FL

Zip Code  
33804

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011266

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

10372.09

C.

Full Name (Last, First, Middle Initial)

OVERRIDE PRO

Mailing Address P.O. BOX 93044

City  
LAKELAND

State  
FL

Zip Code  
33804

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011440

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional) .....

17768.09

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

OXFORD COMMUNICATIONS LLC

Mailing Address 121 S ALFRED ST  
STE 6

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011173

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

23192.76

B.

Full Name (Last, First, Middle Initial)

OXFORD COMMUNICATIONS LLC

Mailing Address 121 S ALFRED ST  
STE 6

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011412

Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

4093.32

C.

Full Name (Last, First, Middle Initial)

OXFORD COMMUNICATIONS LLC

Mailing Address 121 S ALFRED ST  
STE 6

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011462

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

9392.65

SUBTOTAL of Disbursements This Page (optional) .....

36678.73

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PAUL & PARTNERS

Mailing Address 901 NORTH WASHINGTON ST, STE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011413

Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

6509.31

**B.**

Full Name (Last, First, Middle Initial)

PAUL & PARTNERS

Mailing Address 901 NORTH WASHINGTON ST, STE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011463

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

1087.89

**C.**

Full Name (Last, First, Middle Initial)

PINNACLE LIST COMPANY INC

Mailing Address 2800 S SHIRLINGTON RD  
STE 970

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.011414

Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

46135.83

**SUBTOTAL** of Disbursements This Page (optional) .....

53733.03

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PLUVIOUS

Mailing Address 801 S. GRAND AVENUE, #2001

City  
LOS ANGELES

State  
CA

Zip Code  
90017

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011175

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

8460.00

B.

Full Name (Last, First, Middle Initial)

PREFERRED COMMUNICATIONS

Mailing Address 6090 D FRANCONIA RD

City  
ALEXANDRIA

State  
VA

Zip Code  
22310

Purpose of Disbursement  
LIST RENTAL/PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011177

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

25493.84

C.

Full Name (Last, First, Middle Initial)

PRESS ASSOCIATION INC

Mailing Address P.O. BOX 414243

City  
BOSTON

State  
MA

Zip Code  
02241-4243

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011268

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

1485.00

SUBTOTAL of Disbursements This Page (optional) .....

35438.84

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1249 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PRH CONSULTING GROUP

Mailing Address P.O. BOX 163245

City  
COLUMBUS

State  
OH

Zip Code  
43216

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.011415

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10000.00

**B.**

Full Name (Last, First, Middle Initial)

QWEST COMMUNICATIONS

Mailing Address PO BOX 85619

City  
LOUISVILLE

State  
KY

Zip Code  
40285-6169

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.011386

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1458.40

**C.**

Full Name (Last, First, Middle Initial)

REPUBLICAN DEPOT, LLC

Mailing Address P.O. BOX 222

City  
UNION CITY

State  
IN

Zip Code  
47390

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.011416

Date of Disbursement

/   /

Amount of Each Disbursement this Period

874.00

**SUBTOTAL** of Disbursements This Page (optional) .....

12332.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RESPONSE AMERICA LLC

Mailing Address 264 N LUMPKIN STREET #202

City  
ATHENS

State  
GA

Zip Code  
30601

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011179

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

32072.08

B.

Full Name (Last, First, Middle Initial)

RESPONSE AMERICA LLC

Mailing Address 264 N LUMPKIN STREET #202

City  
ATHENS

State  
GA

Zip Code  
30601

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011417

Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

7000.00

C.

Full Name (Last, First, Middle Initial)

RESPONSE AMERICA LLC

Mailing Address 264 N LUMPKIN STREET #202

City  
ATHENS

State  
GA

Zip Code  
30601

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011556

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

11167.17

SUBTOTAL of Disbursements This Page (optional) .....

50239.25

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1251 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
RST MARKETING ASSOCIATES INC

Mailing Address 1272 CORPORATE PARK RD

City FOREST State VA Zip Code 24551

Purpose of Disbursement  
POSTAGE/PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011464

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

74886.84

**B.** Full Name (Last, First, Middle Initial)  
RST MARKETING ASSOCIATES INC

Mailing Address 1272 CORPORATE PARK RD

City FOREST State VA Zip Code 24551

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011557

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

8572.79

**C.** Full Name (Last, First, Middle Initial)  
SMARTTECH CORPORATION

Mailing Address PO BOX 11181

City CHATTANOOGA State TN Zip Code 37401-2181

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011271

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

458.96

**SUBTOTAL** of Disbursements This Page (optional) .....

83918.59

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1252 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SMARTECH CORPORATION

Mailing Address PO BOX 11181

City  
CHATTANOOGAState  
TNZip Code  
37401-2181Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011388

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	9

Amount of Each Disbursement this Period

3919.10

**B.**

Full Name (Last, First, Middle Initial)

SNOOP'S SHUTTER PHOTOGRAPHY

Mailing Address 509 FIGUEROA STREET

City  
FOLSOMState  
CAZip Code  
95630Purpose of Disbursement  
PHOTOGRAPHY SVC

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011283

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	9

Amount of Each Disbursement this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

SOUTHWEST PUBLISHING AND MAILING

Mailing Address 2600 NW TOPEKA BLVD

City  
TOPEKAState  
KSZip Code  
66617Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011180

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	9

Amount of Each Disbursement this Period

15191.14

SUBTOTAL of Disbursements This Page (optional) .....

19210.24

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1253 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SOUTHWEST PUBLISHING AND MAILING

Mailing Address 2600 NW TOPEKA BLVD

City  
TOPEKA

State  
KS

Zip Code  
66617

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011419

Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

15500.00

B.

Full Name (Last, First, Middle Initial)

SOUTHWEST PUBLISHING AND MAILING

Mailing Address 2600 NW TOPEKA BLVD

City  
TOPEKA

State  
KS

Zip Code  
66617

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011553

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

41168.05

C.

Full Name (Last, First, Middle Initial)

SPECTRUM WATER COOLERS INC

Mailing Address PO BOX 644006

City  
CINCINNATI

State  
OH

Zip Code  
45264-4006

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011444

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

159.37

SUBTOTAL of Disbursements This Page (optional) .....

56827.42

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1254 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SPELNA INC

Mailing Address 225 INDUSTRIAL CT

City  
FREDERICKSBURG

State  
VA

Zip Code  
22408

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011389

Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

422.06

B.

Full Name (Last, First, Middle Initial)

SQUARE 737 LLC

Mailing Address 1100 New Jersey Ave SE  
 SUITE 1000

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PARKING SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011394

Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

2775.00

C.

Full Name (Last, First, Middle Initial)

SQUARE 737 LLC

Mailing Address 1100 New Jersey Ave SE  
 SUITE 1000

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PARKING SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011445

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

2750.00

SUBTOTAL of Disbursements This Page (optional) .....

5947.06

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1255 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

STAPLES CREDIT PLAN

Mailing Address 8725 W SAHARA

City  
LAS VEGAS

State  
NV

Zip Code  
89163

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.011272

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3169.66

**B.**

Full Name (Last, First, Middle Initial)

STONE PARTNERS

Mailing Address 3270 LAKESHORE DRIVE, STE 9D

City  
CHICAGO

State  
IL

Zip Code  
60657

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.011213

Date of Disbursement

/   /

Amount of Each Disbursement this Period

9500.00

**C.**

Full Name (Last, First, Middle Initial)

STRATEGIC FUNDRAISING INC

Mailing Address 2625 MOMENTUM PL

City  
CHICAGO

State  
IL

Zip Code  
60689-5326

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.011183

Date of Disbursement

/   /

Amount of Each Disbursement this Period

33496.70

**SUBTOTAL** of Disbursements This Page (optional) .....

46166.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1256 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

STRATEGIC FUNDRAISING INC

Mailing Address 2625 MOMENTUM PL

City  
CHICAGO

State  
IL

Zip Code  
60689-5326

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011422

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8454.50

**B.**

Full Name (Last, First, Middle Initial)

STRATEGIC FUNDRAISING INC

Mailing Address 2625 MOMENTUM PL

City  
CHICAGO

State  
IL

Zip Code  
60689-5326

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011554

Date of Disbursement

/   /

Amount of Each Disbursement this Period

57972.25

**C.**

Full Name (Last, First, Middle Initial)

STRATEGIC FUNDRAISING INC

Mailing Address 2625 MOMENTUM PL

City  
CHICAGO

State  
IL

Zip Code  
60689-5326

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011558

Date of Disbursement

/   /

Amount of Each Disbursement this Period

103129.75

**SUBTOTAL** of Disbursements This Page (optional) .....

169556.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1257 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
SUMMIT OPEN SYSTEMS LLC

Mailing Address PO BOX 841

City ARNOLD State MD Zip Code 21012

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011390

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1125.00

B.

Full Name (Last, First, Middle Initial)  
THE COMPLIANCE CONSULTING COMPANY OF VA LLC

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011191

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10034.50

C.

Full Name (Last, First, Middle Initial)  
THE LAW GROUP

Mailing Address P.O. BOX 550292

City ATLANTA State GA Zip Code 30355

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011466

Date of Disbursement

/   /

Amount of Each Disbursement this Period

9555.05

**SUBTOTAL** of Disbursements This Page (optional) .....

20714.55

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1258 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THE MCINTOSH COMPANY

Mailing Address 3838 OAK LAWN AVE  
STE 850

City DALLAS State TX Zip Code 75219

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011211

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	9

Amount of Each Disbursement this Period

7500.00

**B.**

Full Name (Last, First, Middle Initial)

THE TARRANCE GROUP

Mailing Address 201 N UNION ST  
STE 410

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011273

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	9

Amount of Each Disbursement this Period

11836.00

**C.**

Full Name (Last, First, Middle Initial)

THE WOODS HERBERGER GROUP

Mailing Address 4027 SOUTH LEJUNE ROAD

City CORAL GABLES State FL Zip Code 33146

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011187

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	9

Amount of Each Disbursement this Period

13576.00

SUBTOTAL of Disbursements This Page (optional) .....

32912.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1259 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THE WOODS HERBERGER GROUP

Mailing Address 4027 SOUTH LEJUNE ROAD

City  
CORAL GABLES

State  
FL

Zip Code  
33146

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.011215

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

THEO INC

Mailing Address P.O. BOX 320057

City  
ALEXANDRIA

State  
VA

Zip Code  
22320

Purpose of Disbursement  
COMPUTER SUPPORT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.011217

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20487.74

**C.**

Full Name (Last, First, Middle Initial)

THEO INC

Mailing Address P.O. BOX 320057

City  
ALEXANDRIA

State  
VA

Zip Code  
22320

Purpose of Disbursement  
COMPUTER SUPPORT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.011446

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8967.60

**SUBTOTAL** of Disbursements This Page (optional) .....

34455.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1260 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
TOTAL AUDIO-VISUAL SYSTEMS INC

Mailing Address 923 SLIGO AVE

City SILVER SPRING State MD Zip Code 20910

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011274

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

6683.72

**B.** Full Name (Last, First, Middle Initial)  
TOTAL AUDIO-VISUAL SYSTEMS INC

Mailing Address 923 SLIGO AVE

City SILVER SPRING State MD Zip Code 20910

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011447

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

7747.00

**C.** Full Name (Last, First, Middle Initial)  
TRANSAMERICA RETIREMENT SERVICES

Mailing Address PO BOX 30368

City LOS ANGELES State CA Zip Code 90099-9208

Purpose of Disbursement  
RETIREMENT SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011367

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

13731.75

**SUBTOTAL** of Disbursements This Page (optional) .....

28162.47

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1261 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TRANSAMERICA RETIREMENT SERVICES

Mailing Address PO BOX 30368

City  
LOS ANGELES

State  
CA

Zip Code  
90099-9208

Purpose of Disbursement  
RETIREMENT SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.011550

Date of Disbursement

/   /

Amount of Each Disbursement this Period

13231.75

**B.**

Full Name (Last, First, Middle Initial)

TRANSAMERICA RETIREMENT SERVICES

Mailing Address PO BOX 30368

City  
LOS ANGELES

State  
CA

Zip Code  
90099-9208

Purpose of Disbursement  
RETIREMENT SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.011651

Date of Disbursement

/   /

Amount of Each Disbursement this Period

13231.75

**C.**

Full Name (Last, First, Middle Initial)

UNIVERSITY CLUB OF MILWAUKEE

Mailing Address 924 EAST WELLS STREET

City  
MILWAUKEE

State  
WI

Zip Code  
53202

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.011467

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1879.00

**SUBTOTAL** of Disbursements This Page (optional) .....

28342.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1262 / 1281

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
US DEPARTMENT OF TREASURY

Mailing Address 1500 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20220

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011364

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

49797.46

**B.** Full Name (Last, First, Middle Initial)  
US DEPARTMENT OF TREASURY

Mailing Address 1500 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20220

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011548

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

51341.18

**C.** Full Name (Last, First, Middle Initial)  
US DEPARTMENT OF TREASURY

Mailing Address 1500 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20220

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011649

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

50482.29

**SUBTOTAL** of Disbursements This Page (optional) .....

151620.93

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1263 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

US MONITOR SERVICE

Mailing Address 86 MAPLE AVE

City  
NEW YORK

State  
NY

Zip Code  
10956-5092

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011423

Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

727.60

B.

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 900 BRENTWOOD ROAD NE

City  
WASHINGTON

State  
DC

Zip Code  
20018-1004

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011468

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

55000.00

C.

Full Name (Last, First, Middle Initial)

VERIZON CABS

Mailing Address PO BOX 4832

City  
TRENTON

State  
NJ

Zip Code  
08650-4832

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011391

Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

3986.20

SUBTOTAL of Disbursements This Page (optional) .....

59713.80

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1264 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
VIRGINIA DEPT OF TAXATION

Mailing Address PO BOX 1411

City RICHMOND State VA Zip Code 23212

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.011365

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

4592.00

**B.** Full Name (Last, First, Middle Initial)  
VIRGINIA DEPT OF TAXATION

Mailing Address PO BOX 1411

City RICHMOND State VA Zip Code 23212

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.011549

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

2972.77

**C.** Full Name (Last, First, Middle Initial)  
VIRGINIA DEPT OF TAXATION

Mailing Address PO BOX 1411

City RICHMOND State VA Zip Code 23212

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.011650

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

4317.52

**SUBTOTAL** of Disbursements This Page (optional) .....

11882.29

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1265 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WACHOVIA NA

Mailing Address 1970 CHAIN BRIDGE RD

City  
MCLEANState  
VAZip Code  
22102Purpose of Disbursement  
LOAN INTEREST

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011570

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Amount of Each Disbursement this Period

1873.96

**B.**

Full Name (Last, First, Middle Initial)

WACHOVIA NA

Mailing Address 1970 CHAIN BRIDGE RD

City  
MCLEANState  
VAZip Code  
22102Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011711

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Amount of Each Disbursement this Period

4980.13

**C.**

Full Name (Last, First, Middle Initial)

WASHINGTON COURIER

Mailing Address 5520 CHEROKEE AVE  
STE 120City  
ALEXANDRIAState  
VAZip Code  
22312Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.011392

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	0		2	0	0	9

Amount of Each Disbursement this Period

43.40

SUBTOTAL of Disbursements This Page (optional) .....

6897.49

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1266 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) XEROX CORPORATION	<b>Transaction ID:</b> SB21-0.011275 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 827181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	3		2	0	0	9												
City PHILADELPHIA State PA Zip Code 19182-7181	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement EQUIPMENT RENTAL	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>158.12</td> </tr> </table>																				158.12
									158.12												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) XEROX CORPORATION	<b>Transaction ID:</b> SB21-0.011449 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 827181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	7		2	0	0	9												
City PHILADELPHIA State PA Zip Code 19182-7181	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement EQUIPMENT RENTAL	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1113.92</td> </tr> </table>																				1113.92
									1113.92												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ZONES	<b>Transaction ID:</b> SB21-0.011393 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 34740	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	0		2	0	0	9												
City SEATTLE State WA Zip Code 98124-1740	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement EQUIPMENT PURCHASE	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>402.76</td> </tr> </table>																				402.76
									402.76												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**1674.80**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1267 / 1281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
MEDIA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.011285

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.011441

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

120793.00

**SUBTOTAL** of Disbursements This Page (optional) .....

120918.00

**TOTAL** This Period (last page this line number only) .....

2867832.05

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

38TH ASSEMBLY DISTRICT (R) CENTRAL COMMITTEE

Mailing Address 25003 PEACHLAND 209

City State Zip Code  
 SANTA CLARITA CA 91321

Purpose of Disbursement  
 TRANSFER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-0.011425

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

REPUBLICAN PARTY OF RIVERSIDE COUNTY

Mailing Address PO BOX 20091

City State Zip Code  
 RIVERSIDE CA 92516

Purpose of Disbursement  
 TRANSFER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-0.011426

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

SACRAMENTO COUNTY REPUBLICAN PARTY

Mailing Address PO BOX 255367

City State Zip Code  
 SACRAMENTO CA 95865

Purpose of Disbursement  
 TRANSFER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-0.011735

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

15000.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1269 / 1281

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

## **A.** Full Name (Last, First, Middle Initial) ALASKANS FOR DON YOUNG

Mailing Address 2504 FAIRBANKS ST

City ANCHORAGE State AK Zip Code 99503

Purpose of Disbursement  
IN KIND-STUDIO

Candidate Name  
DONALD E YOUNG

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AK District: 00

Transaction ID: SB23-0.YMT507

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

80.00

[MEMO ITEM]

## **B.** Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS

Mailing Address PO BOX 25950

City WOODBURY State MN Zip Code 55125

Purpose of Disbursement  
IN KIND-STUDIO

Candidate Name  
MICHELE BACHMANN

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: SB23-0.YMT500

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

85.00

[MEMO ITEM]

## **C.** Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS

Mailing Address PO BOX 25950

City WOODBURY State MN Zip Code 55125

Purpose of Disbursement  
IN KIND-STUDIO

Candidate Name  
MICHELE BACHMANN

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: SB23-0.YMT506

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

135.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>BACHMANN FOR CONGRESS</b>	<b>Transaction ID:</b> SB23-0.YMT511 <b>Date of Disbursement</b>
Mailing Address <b>PO BOX 25950</b>	<div> <div>12</div> <div>03</div> <div>2009</div> </div>
City <b>WOODBURY</b> State <b>MN</b> Zip Code <b>55125</b>	Amount of Each Disbursement this Period
Purpose of Disbursement <b>IN KIND-STUDIO</b>	<div>85.00</div>
Candidate Name <b>MICHELE BACHMANN</b>	<div>[MEMO ITEM]</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MN</b> District: <b>06</b>	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>BACHMANN FOR CONGRESS</b>	<b>Transaction ID:</b> SB23-0.YMT516 <b>Date of Disbursement</b>
Mailing Address <b>PO BOX 25950</b>	<div> <div>12</div> <div>03</div> <div>2009</div> </div>
City <b>WOODBURY</b> State <b>MN</b> Zip Code <b>55125</b>	Amount of Each Disbursement this Period
Purpose of Disbursement <b>IN KIND-STUDIO</b>	<div>80.00</div>
Candidate Name <b>MICHELE BACHMANN</b>	<div>[MEMO ITEM]</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MN</b> District: <b>06</b>	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>BACHUS FOR CONGRESS COMMITTEE</b>	<b>Transaction ID:</b> SB23-0.YMT520 <b>Date of Disbursement</b>
Mailing Address <b>PO BOX 131134</b>	<div> <div>12</div> <div>03</div> <div>2009</div> </div>
City <b>BIRMINGHAM</b> State <b>AL</b> Zip Code <b>35213</b>	Amount of Each Disbursement this Period
Purpose of Disbursement <b>IN KIND-STUDIO</b>	<div>80.00</div>
Candidate Name <b>SPENCER T BACHUS</b>	<div>[MEMO ITEM]</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>AL</b> District: <b>06</b>	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**BOB GOODLATTE FOR CONGRESS COMMITTEE**

Mailing Address **PO BOX 292**

City **ROANOKE** State **VA** Zip Code **24002**

Purpose of Disbursement  
**IN KIND-STUDIO**

Candidate Name  
**BOB GOODLATTE**

Office Sought: ☒ House  
☐ Senate  
☐ President

State: **VA** District: **06**

Disbursement For: **2010**  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

**Transaction ID: SB23-0.YMT514**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**50.00**

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**CANDICE MILLER FOR CONGRESS**

Mailing Address **PO BOX 182152**

City **SHELBY TOWNSHIP** State **MI** Zip Code **48318**

Purpose of Disbursement  
**IN KIND-STUDIO**

Candidate Name  
**CANDICE S MILLER**

Office Sought: ☒ House  
☐ Senate  
☐ President

State: **MI** District: **10**

Disbursement For: **2010**  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

**Transaction ID: SB23-0.YMT524**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**80.00**

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**CANTOR FOR CONGRESS**

Mailing Address **PO BOX 17813**

City **RICHMOND** State **VA** Zip Code **23226**

Purpose of Disbursement  
**IN KIND-STUDIO**

Candidate Name  
**ERIC CANTOR**

Office Sought: ☒ House  
☐ Senate  
☐ President

State: **VA** District: **07**

Disbursement For: **2010**  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

**Transaction ID: SB23-0.YMT527**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**125.00**

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

## **A.** Full Name (Last, First, Middle Initial) **CATHY MCMORRIS FOR CONGRESS**

Mailing Address PO BOX 137

City  
**SPOKANE**

State  
**WA**

Zip Code  
**99210**

Purpose of Disbursement  
 IN KIND-STUDIO

Candidate Name  
**CATHY MCMORRIS RODGERS**

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: **WA** District: **05**

**Transaction ID:** SB23-0.YMT512

Date of Disbursement

/   /

Amount of Each Disbursement this Period

62.50

**[MEMO ITEM]**

## **B.** Full Name (Last, First, Middle Initial) **CHARLIE DENT FOR CONGRESS**

Mailing Address PO BOX 442

City  
**ALLENTOWN**

State  
**PA**

Zip Code  
**18105**

Purpose of Disbursement  
 IN KIND-STUDIO

Candidate Name  
**CHARLES W DENT**

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: **PA** District: **15**

**Transaction ID:** SB23-0.YMT517

Date of Disbursement

/   /

Amount of Each Disbursement this Period

90.00

**[MEMO ITEM]**

## **C.** Full Name (Last, First, Middle Initial) **CITIZENS FOR TURNER**

Mailing Address 120 W SECOND ST  
 STE 1510

City  
**DAYTON**

State  
**OH**

Zip Code  
**45402**

Purpose of Disbursement  
 IN KIND-STUDIO

Candidate Name  
**MIKE TURNER**

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: **OH** District: **03**

**Transaction ID:** SB23-0.YMT510

Date of Disbursement

/   /

Amount of Each Disbursement this Period

80.00

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1273 / 1281

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

COFFMAN FOR CONGRESS INC

Mailing Address 9249 S BROADWAY BLVD  
NO 200-501

City HIGHLANDS RANCH State CO Zip Code 80129

Purpose of Disbursement  
IN KIND-STUDIO

Candidate Name  
MIKE COFFMAN

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 06

Transaction ID: SB23-0.YMT509

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

130.00

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

FRIENDS OF DOC HASTINGS

Mailing Address PO BOX 2926

City PASCO State WA Zip Code 99302

Purpose of Disbursement  
IN KIND-STUDIO

Candidate Name  
RICHARD NORMAN HASTINGS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 04

Transaction ID: SB23-0.YMT513

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

62.50

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN BOEHNER

Mailing Address 7908-12 CINCINNATI DAYTON RD

City WEST CHESTER State OH Zip Code 45069

Purpose of Disbursement  
IN KIND-STUDIO

Candidate Name  
JOHN A BOEHNER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 08

Transaction ID: SB23-0.YMT515

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1275 / 1281

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

INGLIS FOR CONGRESS COMMITTEE INC

Mailing Address PO BOX 210

City  
TRAVELERS RESTState  
SCZip Code  
29690Purpose of Disbursement  
IN KIND-STUDIOCandidate Name  
ROBERT INGLISCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 04

Transaction ID: SB23-0.YMT526

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	9

Amount of Each Disbursement this Period

175.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

JEFF FORTENBERRY FOR UNITED STATES CONGRESS

Mailing Address 1610 N ST

City  
LINCOLNState  
NEZip Code  
68508Purpose of Disbursement  
IN KIND-STUDIOCandidate Name  
JEFF FORTENBERRYCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NE District: 01

Transaction ID: SB23-0.YMT498

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	9

Amount of Each Disbursement this Period

125.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

JO BONNER FOR CONGRESS COMMITTEE

Mailing Address PO BOX 851232

City  
MOBILEState  
ALZip Code  
36685Purpose of Disbursement  
IN KIND-STUDIOCandidate Name  
JO BONNERCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 01

Transaction ID: SB23-0.YMT504

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	9

Amount of Each Disbursement this Period

80.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
JOE WILSON FOR CONGRESS COMMITTEE

Mailing Address PO BOX 2145

City WEST COLUMBIA State SC Zip Code 29171

Purpose of Disbursement  
IN KIND-STUDIO

Candidate Name  
JOE WILSON

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 02

Transaction ID: SB23-0.YMT501

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

350.00

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
KAY GRANGER CAMPAIGN FUND

Mailing Address 715 JONES ST  
STE 100

City FORT WORTH State TX Zip Code 76102

Purpose of Disbursement  
IN KIND-STUDIO

Candidate Name  
KAY GRANGER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 12

Transaction ID: SB23-0.YMT523

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

80.00

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement  
IN KIND-STUDIO

Candidate Name  
KEVIN MCCARTHY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 22

Transaction ID: SB23-0.YMT502

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

80.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement  
IN KIND-STUDIO

Candidate Name  
KEVIN MCCARTHY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 22

Transaction ID: SB23-0.YMT525

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

125.00

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
KING FOR CONGRESS

Mailing Address PO BOX 576

City COUNCIL BLUFFS State IA Zip Code 51458

Purpose of Disbursement  
IN KIND-STUDIO

Candidate Name  
STEVE KING

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 05

Transaction ID: SB23-0.YMT521

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

80.00

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
LAMBORN FOR CONGRESS

Mailing Address PO BOX 64107

City COLORADO SPRINGS State CO Zip Code 80962

Purpose of Disbursement  
IN KIND-STUDIO

Candidate Name  
DOUGLAS LAMBORN

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 05

Transaction ID: SB23-0.YMT522

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

525.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

## **A.** Full Name (Last, First, Middle Initial) **MCCLINTOCK FOR CONGRESS**

Mailing Address 2150 RIVER PLAZA DR  
NO 150

City State Zip Code  
**SACRAMENTO CA 95833**

Purpose of Disbursement  
IN KIND-STUDIO

Candidate Name  
**THOMAS MCCLINTOCK**

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 04

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

**Transaction ID: SB23-0.YMT497**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

80.00

**[MEMO ITEM]**

## **B.** Full Name (Last, First, Middle Initial) **ROB WITTMAN FOR CONGRESS**

Mailing Address PO BOX 999

City State Zip Code  
**MONTROSS VA 22520**

Purpose of Disbursement  
IN KIND-STUDIO

Candidate Name  
**ROBERT J WITTMAN**

Office Sought: ☒ House  
☐ Senate  
☐ President

State: VA District: 01

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

**Transaction ID: SB23-0.YMT499**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

275.00

**[MEMO ITEM]**

## **C.** Full Name (Last, First, Middle Initial) **ROGERS FOR CONGRESS**

Mailing Address PO BOX 581

City State Zip Code  
**BRIGHTON MI 48116**

Purpose of Disbursement  
IN KIND-STUDIO

Candidate Name  
**MICHAEL J ROGERS**

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 08

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

**Transaction ID: SB23-0.YMT519**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

175.00

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**SHELLEY MOORE CAPITO FOR CONGRESS**

Mailing Address **PO BOX 11519**

City **CHARLESTON** State **WV** Zip Code **25339**

Purpose of Disbursement  
**IN KIND-STUDIO**

Candidate Name  
**SHELLEY MOORE CAPITO**

Office Sought: ☒ House  
☐ Senate  
☐ President

State: **WV** District: **02**

Disbursement For: **2010**  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

**Transaction ID: SB23-0.YMT505**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**275.00**

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**STEVE AUSTRIA FOR CONGRESS**

Mailing Address **2537 OBETZ DR**

City **BEAVERCREEK** State **OH** Zip Code **45434**

Purpose of Disbursement  
**IN KIND-STUDIO**

Candidate Name  
**STEVE C AUSTRIA**

Office Sought: ☒ House  
☐ Senate  
☐ President

State: **OH** District: **07**

Disbursement For: **2010**  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

**Transaction ID: SB23-0.YMT496**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**75.00**

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN NATIONAL COMMITTEE**

Mailing Address **310 1ST ST SE**

City **WASHINGTON** State **DC** Zip Code **20003**

Purpose of Disbursement  
**MEDIA**

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ President

State: District: **00**

Disbursement For: **2010**  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

**Transaction ID: SB23-0.011284**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**4030.00**

**SUBTOTAL** of Disbursements This Page (optional) .....

**4030.00**

**TOTAL** This Period (last page this line number only) .....

**4030.00**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WACHOVIA NA

Mailing Address 1970 CHAIN BRIDGE RD

City  
MCLEAN

State  
VA

Zip Code  
22102

Purpose of Disbursement  
LOAN PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB26-0.011469

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000000.00

SUBTOTAL of Disbursements This Page (optional) .....

2000000.00

TOTAL This Period (last page this line number only) .....

2000000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1281 / 1281

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PATRICK MICHAELS

Mailing Address 101 EAST KENNEDY BOULEVARD  
BANK OF AMERICA PLAZA, 33RD FLOOR

City TAMPA State FL Zip Code 33602

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB28A-0.011185

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

DON RAGAN

Mailing Address 11806 E SKYVIEW

City SPOKANE VALLEY State WA Zip Code 99206

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB28A-1.005125

Date of Disbursement

12 / 09 / 2009

Amount of Each Disbursement this Period

-250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

750.00